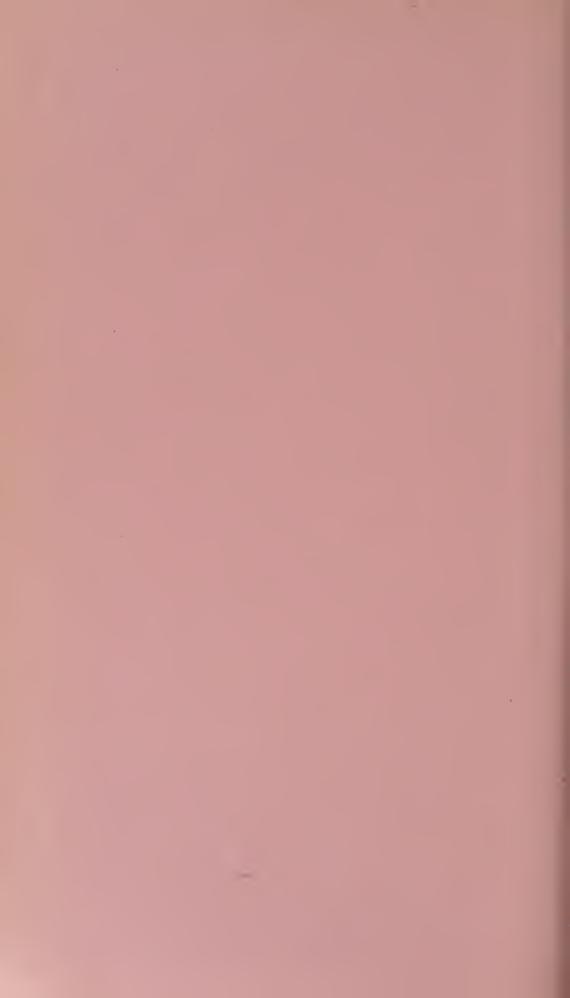
County Council of the County of Lanark EDUCATION COMMITTEE

FORTY-FIRST

ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN



County Council of the County of Lanark EDUCATION COMMITTEE

FORTY-FIRST ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

1949-50

CONTENTS.

							P.	AGE		
Letter of Address		• • •				• • •		•		
List of Staff		• • •	• • •		• • •	* * *		4		
General Statistics				• • •				7		
Sanitary Condition of S	chools							7		
Organisation and Administration—										
A. System and Exte			Inspect	ion and	d Treat	ment		8		
B. System and Exte			_					(
C. School Nursing a		~			wing-U	Jp ''	• • •	(
D. Co-ordination wit					***	• • •	• • •	$-10 \\ -10$		
F. Co-operation with		-				• • •		10		
Findings of Medical Ins										
Numbers Examined—			Groups				• • •	11		
Numbers Examined a								11		
General Health and N								11		
Special Disabilities D			outine	Exami	nations	;	• • •	20		
Conditions of Unclear	iliness,	etc.	• • •	•••		• • •	• • •	1:		
Nutrition		• • •	• • •	•••			•••	1.		
Special Examinations,	etc.	• • •		• • •	• • •		* * *	20		
Provision of Boots, Clo	thing,	etc.						21		
Medical Treatment—										
A. Minor Ailments			• • •	• • •	• • •		* * *	٠(٠		
B. Defective Vision	_		• • •	• • •				25		
C. Ear, Nose and Tl		-			•••	•••	• • •	2:		
D. Orthopaedic Trea	ıımenı	* * *	• • •	•••		•••	• • •	26		
Audiometric Testing		* * *		•••	•••	• • •	• • •	2.		
Dental Inspection and	Freatin	nent	• • •	•••	* * *	• • •	• • •	26		
Special Schools and Cla	asses	•••	•••	• • •	• • •	• • •	• • •	28		
Nursery Schools		•••			• • •			38		
Physical Education and	Perso	nal Hy	giene	* * *			• • •	3		
Holiday Camps	•••							31		
Residential School							• • •	31		
"Milk in Schools" Sch								3:		
School Meals Service							•••	35		
						• • •				
Rehabilitation Scheme						* * *	• • •	34		
Miniature Mass Radiog								34		
Intensive Course in An						ing		35		
Child Guidance	• • •	• • •		• • •				36		
Statistical Tables (I-VI	Ia)	•••	1 * *	• • •						

COUNTY COUNCIL OF THE COUNTY OF LANARK.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I submit the Annual Report on the School Health Service in your administrative area for the year ending 31st July, 1950, prepared in accordance with the terms of D.H.S. Circular No. 60/1938 and amending Circulars.

D. MACLEOD, Sen. Asst. Medical Officer of Health (Schools).

School Medical Inspection Department, County Offices, Hamilton, April, 1951.

STAFF.

County Medical Officer and *Chief Executive School Medical Officer.

ANDREW G. REEKIE, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer of Health (Schools).

(a) D. MACLEOD, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

JANET M. BRUCE, M.B., Ch.B.
ANN K. CORMACK, M.B., Ch.B.
JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.
ALEX. C. DOUGLAS, M.B., Ch.B., D.P.H.
HELEN R. T. HOOD, M.B., Ch.B., D.P.H.
VIDA J. PERRY, M.B., Ch.B.
ELIZABETH M. POLLOCK, M.D.
MARION A. PRENTICE, M.B., Ch.B.

Chief Dental Officer.

WILLIAM GIBSON, L.D.S.

Assistant Dental Officers.

- (b) R. JARDINE BEATTIE, L.D.S. ARCHIBALD HAY, L.D.S.
- (c) MARGARET HINSHELWOOD, L.D.S. MARY H. HINSHELWOOD, L.D.S. ANDREW C. F. RANKIN, L.D.S.
- (d) MARGARET S. M'DONALD, L.D.S.
- (e) ELIZABETH WATSON, L.D.S.
- (f) JAMES M'D. WEATHERSTON, L.D.S.

Part-Time Ophthalmic Surgeons.

JAMES HILL, M.B., Ch.B., D.O.M.S. MARGARET H. E. MARTYN, B.Sc., M.B., Ch.B. JOHN A. MORTIMER, M.D., F.R.C.P.E.

Part-Time Ear, Nose and Throat Specialist.

ROBERT A. GRAY, M.B., Ch.B.

Nurses.

MARY M. BENNETT
HELEN S. BERTRAM
JESSIE M'K. BLACK
MARTHA CHISLETT
RACHEL B. I, DOBIE
ANNIE N. DOUGLAS
ADA FOWLIE
JEAN G. GIBSON
JEAN HANNAH GRAY
JEAN L. GREEN
MARIA HUGHES
CATHERINE C. JOHNSTON
MARY W. JOHNSTON
MARGARET KELLY
JANE KENNEDY

MARGARET K. LAMOND

- (g) CATHLEEN LENAGH
- (h) ELIZABETH M'DONALD
- (i) EUPHEMIA MACDOUGALL
 MARJORY K. M'DOUGALL
 SUSAN M'FADYEN
 EMILY M'GEE
 MARGARET NEILSON
 HELEN PARK
 JEAN B. ROBB
 ANNE I. SORLEY
 MARY STEWART
 MARGARET C. R. SUTTER
 MARY WALLACE
 ELIZABETH WILLIAMSON
 (Temporary)

Dental Attendants.

JESSIE BALLOCH MARY GOLD MARGARET JAMES (j) ELIZABETH M'DADE SARAH M'GHIE NELLIE WARDROPE

Clerical Staff.

Chief Clerk-JOHN PORTER

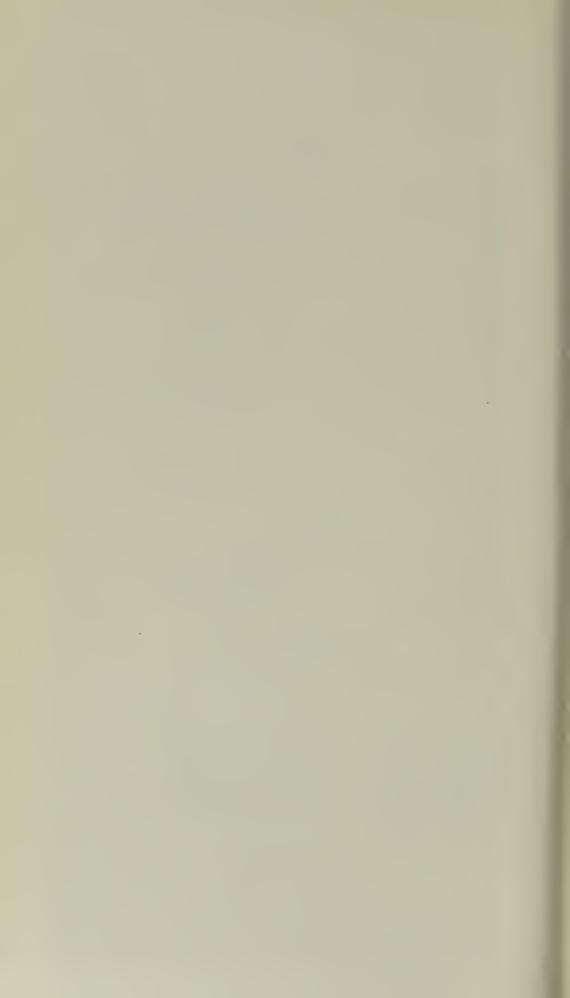
MARK ALLAN MARGARET BARR MARY W. BOYD AGNES J. BROWN MARION SINCLAIR RAYMOND SMITH AGNES SPEIRS

Dental Department.

BARBARA MONAGHAN

HELEN STEVEN

- (*) Appointed 25/1/50
- (a) Appointed 16/11/49
- (b) Resigned 11/1/51(c) Resigned 31/8/49
- (d) Appointed 1/5/50
- (e) Resigned 10/12/49
- (f) Resigned 21/11/49
- (g) Appointed 1/5/50
- (h) Retired 12/4/50
- (i) Appointed 6/3/50
- (j) Resigned 15/9/49



REPORT on the MEDICAL INSPECTION, SUPERVISION and TREATMENT of SCHOOL CHILDREN in the COUNTY OF LANARK for the year ended 31st July, 1950.

1. LIST OF STAFF.

Decisions taken by the County Council in the Autumn of 1949 with regard to the School Medical Staff, following Dr. Young's retirement, are indicated in the Staff List (compare page 4).

Appointments made were :-

Chief Administrative and Chief Executive School Medical Officer. Dr. A. G. REEKIE, County M.O.H.

Senior Assistant Medical Officer of Health (Schools).
Dr. D. MacLeod, Assistant M.O.H.

2. GENERAL STATISTICS.

The number of schools in the educational area is as follows:-

(a)	Primary						\	218
(b)	Junior Secon	ndary					∫	210
(c)	Secondary							13
(<i>d</i>)	Special Scho	ols						5
(e)	Nursery Sch	ools			• • •			2
(f)	Special Class	ses at	Certifi	ed Inst	itution	s		2
Pop	oulation of th	e area	(estim	nated, I	947)			530,825
*Nui	mber of child	ren on	the so	chool re	gisters			91,257
Nui	mber of child	ren in	avera	ge atter	ndance			81,478

^{*} The figures are taken from the official return for June, 1950.

3. SANITARY CONDITION OF SCHOOLS.

Improved conditions in many, and basic essentials in most schools is the order of the day.

Regular inspection of sanitary arrangements is a routine procedure carried out by School Medical Officers on routine visits and on special occasions during the school year. Reports are considered by the Senior School Medical Officer and urgent needs are passed on to the Works Department for their information and attention.

Several new schools have been built, with improved facilities and adequate amenities. Additions have been made to existing schools and new dining halls of good design have been erected at considerable cost.

Urgent repairs and defects are given attention at the earliest possible moment.

We look forward to the time, still somewhat distant, when large scale expansion and re-building will take place.

4. ORGANISATION AND ADMINISTRATION.

A. System and Extent of Medical Inspection and Treatment.

As in former years, medical inspection of children in certain specified grades was carried out and the results carefully recorded. These grades were:—

Age groups—infants,
9 years,
13 years,
16 years,
7 years (special group).

In one grade, that of the 7 year group, vision and hearing only were ascertained.

The above examinations constituted a large part of the duty of Medical Officers and yielded their considerable harvest of defects, which were duly dealt with.

Special cases, not falling within the above age groups, were referred by education staff and examined at the end of the school inspection. Re-visits to schools and follow-up examinations were duly carried through.

Children and adolescents applying for further education, preapprenticeship classes, etc., were examined and certified fit or unfit.

All classrooms were visited by Medical Officers and teachers interviewed to discover unreported disabilities.

During visits, Medical Officers reviewed heating, lighting, ventilation and other factors affecting the health of children.

Parents who attended for the examination of their children were seen individually and queries regarding their particular child's health discussed.

On reference by the School Medical Officer, Specialist examinations of Ear, Nose and Throat, Eye, Skin and Orthopaedic cases and Debilitated children were carried out by the appropriate Consultant.

Treatment was given in Minor Ailments Clinics as in previous years. (83,924 attendances). Conditions treated were notably eye inflammations, skin eruptions, minor wounds, etc. Ultra-voilet Ray treatment was given in County and Burghal Clinics.

The treatment of children suffering from more incapacitating defect, e.g., rheumatism, epilepsy, more severe orthopaedic cases, was specially arranged for in hospitals and Epileptic Colony.

A campaign of immunisation of school children against diph-

theria was conducted in the County Area.

B. System and Extent of Dental Inspection and Treatment. The Chief Dental Officer's report is given in Section 7, page 26.

C. School Nursing and Arrangements for "Following-Up."

The nursing staff consists of, at present, 29 nurses. Their duties are divided between Medical Inspection in schools and Treatment in the school clinics. Nurses can be, according to the needs of the Service, switched from one duty to another, but their duties are, for the most part, fixed, for continuity, in one area.

At Medical Inspection nurses:—

Undress and dress children for examination.

Weigh and measure.

Investigate for dirty clothing and vermin.

Assist with visual tests.

Help with record keeping and records disposal, also notification of parents.

Undertake regular visitation of schools, as time permits, for follow-up of defects and cleanliness inspections.

On the treatment side nurses' duties consist of :-

Minor ailments clinics.

Scabies clinics.

Ultra-violet ray.

Visual.

Ear, nose and throat.

Tonsil and adenoid operations.

Special School (minor ailments clinics).

Regular visits to schools for discovering verminous cases and minor ailments requiring treatment.

Follow-up of defaulters.

Home visits to special cases.

Special visits to schools at request of staff.

General follow-up of notified defects.

D. Co-ordination with Public Health Services.

Links with the Public Health Services of the County and Burghs have been maintained as follows:—

The common use of clinics.

Notification and control of infectious disease in schools.

Treatment of scabies and verminous states.

X-ray treatment of ringworm of scalp.

Ultra-violet treatment.

Examination of child contacts of T.B. cases.

X-ray examination of chest conditions in school children.

Contacts between nursing staffs.

Many common administrative activities.

This aspect of our work is one that is productive of an increased awareness and appreciation of each others' responsibilities.

E. Co-operation with Voluntary Bodies and other Outside Agencies.

As indicated in our last Report, with the development of the National Health Service, the necessity for the work of many voluntary bodies has greatly diminished.

We still feel there are fields for their valuable activities and wish to record our appreciation of the excellent work of the R.S.P.C.C., the Girl Guides' Association, Red Cross Society and the St. Andrew's Ambulance Association who have each assisted us on a number of occasions.

F. Co-operation with Teachers and Parents.

It is not possible for School Medical Officers to work effectively without the co-operation of parents, teachers and other medical workers.

On a school visit, the Medical Officer makes contact with the Head of the School and discusses proposed arrangements for the carrying out of the inspection to mutual convenience.

Individual teachers thereafter meet the Medical Officer as their classes go through and report their health problems.

The discussions on individual pupils which take place, forge closer links between the educational and medical staffs.

Parents bring their five-year-olds to the first routine inspection but tend to fall off on later occasions unless there is some specific condition which they know about. They also come to the Minor Ailments Clinics when their children are referred there for treatment.

Parent-Teacher-Medical Staff meetings are useful but they take place at too wide intervals to be very effective. However, opportunities for further co-operation between staffs and parents will be explored; we are glad of the occasional special Conferences attended by Medical Officers and Teachers on subjects of mutual interest.

5. FINDINGS OF MEDICAL INSPECTION.

Routine medical examination which, as has been stated, takes place on four occasions during each child's school life, viz.:—

- (1) On admission to school,
- (2) During the last year of attendance at the primary school,
- (3) At the age of 13-14 years,
- (4) During the last year at the secondary school,

forms the basic source of our information regarding the pupil's health. These examination dates are fixed by the Secretary of State in accordance with the Annual Regulations under the Education Act, 1946.

The detailed findings of the investigations are entered on the child's medical record card and are before the Medical Officer for comparison at each subsequent inspection. In this way defects are discovered, dealt with, followed up and re-checked at the appropriate interval.

Individual cases present special features. Contact often has to be made about these with the family doctor. Absentees and dilatory parents are followed up whenever necessary.

The total number of children examined during the past year was 26,653.

The following Table shows the average heights and weights of school children in Lanarkshire:—

AVERAGE HEIGHT IN INCHES.

AGE. $5\frac{1}{2}$ $9\frac{1}{2}$ $13\frac{1}{2}$ $16\frac{3}{4}$ Boys. Girls. Boys. Girls. Boys. Girls. Boys. Girls.

Anthropometric Committee's Standard ... $41\cdot 2$ $41\cdot 0$ $51\cdot 9$ $51\cdot 2$ $56\cdot 6$ $57\cdot 8$ $64\cdot 3$ $61\cdot 8$ County of Lanark ... $43\cdot 32$ $43\cdot 06$ $52\cdot 04$ $51\cdot 45$ $58\cdot 75$ $59\cdot 4$ $68\cdot 03$ $63\cdot 75$

AVERAGE WEIGHT IN LBS.

AGE.		$5\frac{1}{2}$	9	$\frac{1}{2}$	1:	3 1/2	16	5 2
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Anthropometric Committee's	•							
Standard	40.5	40.0	64.9	59.3	82.6	87.0	119.0	112.7
County of Lanark	43.3	$9 - 42 \cdot 32$	63.78	61.7	91-13	92.4	137.28	121.34

We now give notes regarding each system under examination and some statistics bearing upon it:—

Condition of Clothing.—The number of children found at routine inspection who had defective clothing was 533 boys and 525 girls, a total of 1,058 or a percentage of 3.97.

Number of children examined		• • •	 26,653
Number with defective clothing		• • •	 1,058
Percentage			 3.97
Percentage last year			 3.6
Number of special cases found defect	tive		 196

The figures for the two years are practically identical.

Footgear unsatisfactory.—The condition of the footgear showed a similar figure to that of last year. 68 boys and 34 girls, a total of 102 was recorded as having defective footwear.

Number of children examined		• • •	 26,653
Number with defective footwear			 102
Percentage			 0.38
Percentage last year			 0.35
Number of special cases found defe-	ctive		 11

Uncleanliness of Head.—This is divided into three categories—nits present, lice present and simple dirtiness. The total of these three groups was 2,850; 387 boys and 2,463 girls, or a percentage of 10.88. This figure compares favourably with 12.1 in the previous year. Details of each group are as follows:—

Number of children examined. 26,653	Number with Nits. 2,700	Percentage.	Percentage last year. 11·34	Special Cases. 866
26,653	Lice present. 114	0.43	0.7	89
26,653	Dirty only. 36	0.13	0.09	3

These figures show an improvement. Dirty and verminous conditions of the head are still too common in our schools and it is

only by constant examination and supervision that there is any hope of finally eradicating this evil. There is evidence, however, that very bad conditions are decreasing.

Uncleanliness of Body.—Is divided into three groups as in Uncleanliness of Head, i.e., nits present, lice present and simple dirtiness. 261 boys and 154 girls were recorded, a total of 415 or 1.55 per cent.

Number of children examined. 26,653	Number with Nits. 2	Percentage. 0·007	Percentage last year. 0·03	Special Cases.
26,653	Lice present. 3	0.011	0.03	3
26,653	Dirty only. 410	1.53	1.25	66

The first two of these figures show a downward tendency in comparison with those of last year. It will be observed that the number found to be verminous is low. The presence of lice on the body is becoming uncommon.

Diseases of the Skin.—Under this group heading are included diseases of the skin of the head and body. The total number of children suffering from diseases of the skin of the head was 304; 173 boys and 131 girls, a percentage of 1·14. They are classified as (1) Ringworm, (2) Impetigo and (3) Other diseases.

(1) Number of children examined		 	26,653
Number with Ringworm of the	head	 	3
Percentage		 	0.011
Percentage last year		 	0.008
Special cases found affected		 	3

The total number affected (6) compares with 3 in the previous year.

(2)	Number of children examined	 	 26,653
` ′	Number with Impetigo (head)	 	 90
	Percentage	 	 0.34
	Percentage last year	 	 0.55
	Special cases found affected	 	 45

These figures show a decrease in Impetigo. The total of 135 compares with 200 in the year previous.

(3) Other diseases of head includes all other diseases of the head except Ringworm and Impetigo.

Number of children exam	nined	• • •	 	26,653
Number found affected			 	211
Percentage			 	0.79
Percentage last year			 	0.95
Special cases affected			 	40

These figures also show a decrease on those last year.

Diseases of the Skin of the Body.—Are divided into Ringworm, Impetigo, Scabies and Other diseases. The total number affected was 1,090; boys 580, girls 510, or a percentage of 4.08.

Number affected with Ringworm.	Number of children examined. 26,653	Percentage. 0·026	Percentage last year. 0.03	Special Cases.
Number affected with Impetigo. 71	26,653	0.264	0.25	33
Number affected with Scabies. 57	26,653	0.214	0.31	20
Number with Other diseases. 955	26,653	3.58	3-15	213

These figures show a decrease in Ringworm, a total of 9 cases as against 10 in the previous year. Scabies continues to show a decided decline, 77 cases being recorded as against 135 in the previous year and, if this improvement is continued, the numbers of Scabies cases will soon be down to the low numbers of pre-war years. The figures for Other diseases of the skin of the body are almost identical for both years.

Malnutrition.—Is of two degrees, (1) Slight and (2) Bad. During the past year 480 children were recorded as suffering from slight malnutrition, a fall in number compared with those of 1948-49. The number of cases of more marked malnutrition recorded was 22, giving a total number under the general heading of malnutrition of 502, or a percentage of 1.89 as compared with a percentage of 2.76 in the previous year. There is thus no reason to fear that the physical condition of the school children in Lanarkshire is deteriorating. Where children take advantage of the milk and meals supplied in schools, there is little chance of any serious malnutrition

which can be attributed to unsuitable or insufficient food. The number of children recorded for slight malnutrition was 480 or a percentage of 1.80 as compared with 719 and a percentage of 2.8 in the year previous. Those suffering from more marked malnutrition numbered 22, a percentage of 0.08 as compared with 34 and 0.13 in the past year. There is no single definite standard by which degrees of malnutrition can be assessed and it is a matter for assessment in the light of the long experience of our School Medical Officers. Details are given below:—

Number of children examined. 26,653	Number found suffering from slight malnutrition. 480	Percentage. 1·80	Percentage last year. 2·8	Special Cases. 9
26,653	Number with malnutrition. 22	0.08	0.13	1

Oral Sepsis.—192 boys and 200 girls, or a percentage of 1.47 were recorded as suffering from septic conditions of the mouth.

Number of children	examined	 		• • •	26,653
Number affected		 • • •	• • •		392
Percentage		 			1.47
Percentage last year	r	 			1.5
Special cases	* * *	 			13

Diseases of the Naso-Pharynx.—These include diseases of the Nose—totalling 1,729; boys 993, girls 736, or a percentage of 6.47, Diseases of the Throat—total 5,346; boys 2,653, girls 2,693, or a percentage of 20.07, and Diseases of Glands—total 2,225; boys 1,177, girls 1,048, or 8.34 per cent. The total number of all three categories was 9,300 or 34.88. Below is a tabular statement:—

	Number examined.	found defective.	Percentage.	Percentage last year.	Special Cases.
Nasal conditions for observation For treatment (Adenoids) Other conditions of Nose Tonsils for observation Tonsils for treatment Glands for observation Glands for treatment	26,653 26,653 26,653 26,653 26,653 26,653 26,653	842 305 582 3,646 1,700 2,191 34	3.15 1.14 2.18 13.68 6.39 8.21 0.13	3.27 0.97 2.17 15.31 5.77 7.6 0.125	24 69 75 50 352 27 10

These figures do not vary noticeably from those of last year. Glands for observation (i.e., temporarily enlarged and probably associated with the above) show an increase.

External Eye Diseases.—Includes Blepharitis, Conjunctivitis, Corneal Opacities, Squints and Other diseases of the external eye. The total number affected was 1,679; boys 804, girls 875, or a percentage of 6·31. Details are given below:—

		Number of	Number			
		children	found		Percentage	Special
Condition	72.	examined.	affected.	Percentage.	last year.	Cases.
Blepharitis		 26,653	570	2.14	2.12	110
Conjunctivitis		 26,653	152	0.57	0.55	49
Corneal opacities		 26,653	25	0.09	0.12	_
A		 26,653	778	2.92	2.66	163
Other diseases		 26,653	154	0.58	0.54	42

There is a general increase in these conditions, especially in the number of squints. As squinting is usually associated with deterioration of vision, the early treatment of this condition, including the supply of correcting spectacles, is of importance. Orthoptic treatment is also indicated and arranged for in selected cases.

Visual Acuity.—Is divided into two classes—(1) Those with 6/9 or 6/12 in the better eye with or without glasses. This is termed "Fair Vision". (2) Those with 6/18 or worse in the better eye with or without glasses. This is "Bad Vision". The number of children in these two categories was boys 822, girls 936, with a total of 1,798 or 10·39 per cent.

	Number o	f Number			
	children	found		Percentage	Special
Visual Acuity.	examined.	defective.	Percentage.	last year.	Čases.
6/9 or 6/12 in better eye	*17,337	1,425	8.21	5.14	250
6/18 or worse in better eye	17,337	373	2.15	1.45	125

*Infant and 7-year-old children not included.

The number of children recommended for treatment of errors of refraction was 1,307 or 7.54 per cent. as compared with 5.35 per cent. last year.

The outstanding feature of visual treatment has been the long time which has elapsed between examination and the supply of glasses ordered.

Ear Diseases—Are of two categories—(1) Otorrhoea, (2) Other diseases of Ear. The total number recorded was 568 or a percentage of 2·13. Details are as follows:——

	children			Percentage	Special
Condition.	examined.	affected.	area.	last year.	
Ottorhoea	,	222	0.83	0.85	86
Other diseases of Ears	 26,653	346	1.3	1.15	82

The number of children affected by ear conditions is very similar to that of the previous year. Treatment for Otorrhoea is carried out at the school clinics. In some cases it is very resistant to conservative treatment and operative measures are called for.

Defective Hearing.—Is grouped according to severity. Group I includes children with slight deafness. They do not require any special educational treatment. Group 2A are those who need a favourable hearing position in class. Group 2B are those children who require special educational treatment. Group 3 consists of children with severe deafness and serious speech defects (deafmutism, etc.). These children require education in special schools for the deaf. The total number of children in the four groups was 370; 192 boys and 178 girls, or 1·39 per cent. Details are given as follows:—

	nber of a	children ed.	Hearing Group.	Number found affected.	Percentage.	Percentage last year.	Special Cases.
*26.653			 1	222	0.83	0.63	40
*26,653			 2A	139	0.52	0.3	40
*26,653			 2в	4	0.015	0.003	3
*26,653			 3	5	0.018	0.007	_

^{*7-}year-old children not included here but shown separately.

Speech.—Defects are listed in two categories—(1) Defective Articulation, (2) Stammering. The total number of children recorded under these two headings was 274, of whom 192 were boys and 82 were girls. The percentage of defects was 1.018.

	Number of	Number			
	children	found		Percentage	Special
Condition of Speech.	examined.	defective.	Percentage.	last year.	Cases.
Defective articulation	 26,653	233	0.87	0.67	46
Stammering	 26,653	41	0.15	0.16	12

There is no significant difference between the figures for the two years. Speech therapy by the Child Guidance Service Staff has been a most useful addition to the treatment of these cases.

Mental and Nervous Conditions.—Includes all children who are backward, mentally dull, mentally defective but educable, mentally defective ineducable, nervous and unstable and those who exhibit difficult behaviour. The total number of children in these groups was 290 or a percentage of 1·31, of whom 216 were boys and 137 were girls. A detailed statement appears overleaf:—

	Number of	Number			
	children	found		Percentage	Special
Condition.	examined.	defective.	Percentage.	last year.	Cases
Backwardness	 	101	0.37	0.31	9
Dullness	 26,653	102	0.38	0.34	28
M.D. educable	 26,653	6.5	0.24	0.14	28
M.D. ineducable	 26,653	2	0.007	0.019	
Nervous or unstable	 26,653	65	0.24	0.22	13
Behaviour difficult	 26,653	18	0.07	0.03	3

The incidence in these conditions remains fairly stable from year to year. In the case of nervous and unstable children, the Child Guidance Service is informed and deals with each case, unless the opinion of a Psychiatrist is desired.

Heart Diseases.—Are of three kinds—Congenital, Acquired and Functional. The total number of children affected was 516; 250 boys and 266 girls, a percentage of 1.94. Below is a detailed statement of the incidence of these three groups:—

	Number of children	Number found		Percentage	Special
Condition.	examined.	affected.	Percentage.	last year.	Cases.
Congenital Heart	 26,653	44	0.16	0.22	4
Acquired Heart	 26,653	127	0.48	0.57	18
Functional Heart	 26,653	345	1.29	1.51	20

These figures indicate that Congenital Heart conditions are more or less stable in incidence, while Functional and Acquired cases show a decrease.

Lung Diseases.—Include Chronic Bronchitis, Suspected Tuberculosis of Lungs and Other diseases of Lungs. The total number of children affected was 867, a percentage of 3·24; 533 were boys and 334 girls. Below are the details of these three groups:—

	Number of	Number			
	children	found		Percentage	Special
Condition.	examined.	affected.	Percentage.	last year.	
Chronic bronchitis	 26,653	49	0.18	0.42	6
Suspected tuberculosis	 26,653	27	0.10	0.08	5
Other diseases of lungs	 26,653	791	2.95	3.63	42

These figures show a decided fall in cases of Chronic Bronchitis, a slight increase in Suspected Tuberculosis. As Chronic Bronchitis has a relationship to nutritional states, the figures indicate no general lowering of the nutritional well-being of school children.

Deformities.—May be due to Congenital causes or they may be acquired as a sequel to Infantile Paralysis. A number is due to

Rickets and the remainder to other causes unspecified. The total number of children affected was 555, a percentage of 2.07. Of these 328 were boys and 227 were girls.

	Number of	Number	
	children	found	Percentage Special
Condition.	examined.	affected. Percentag	
Congenital deformities	. 26,653	112 0.4	
Acquired deformities due to			
Infantile Paralysis	. 26,653	29 0.11	0.11 3
Probable rickets		216 0.8	1 0.93 4
Other causes	. 26,653	198 0.74	4 0.51 20

There is no increase in the incidence of deformities due to Infantile Paralysis. Under the heading "Probable Rickets" are included all these slight bony deviations from the normal, a great many of which are unlikely to be caused by Rickets but can only be classified as such. The genuine case of Rickets, previously very common, is now unknown.

Children born in 1942, that is 7 years of age, were examined only for Vision and Hearing.

The details of this group, in respect of visual defects, is as follows:—

The number of children examined was 4,299 boys and 4,215 girls, a total of 8,514. Of these 214 had squints, 299 had fair vision and 184 bad vision. The number recommended for examination for errors of refraction was 820.

Number		Number	
examined.	Defect.	found affected	Percentage.
8,514	Squint	 214	2.51
8,514	Fair vision	 999	11.73
8,514	Bad vision	 184	2.16

Details of the 1942 group of children examined for hearing defects are as follows:—

The number of children examined was 8,514. Of these 227 were found to have defects of hearing of varying degree. 142 had Grade I hearing; 82 Grade IIA. There were 2 in Grade IIB and 1 in Grade III. Details are as follows:—

Number of children examined.	Grade of defect.	Number found affected	Percentage.
8,514	Grade I	 142	
8,514	Grade IIA	 82	0.96
8,514	Grade IIB	 2	0.02
8,514	Grade III	 1	0.01

Infectious Diseases.—Only 21 cases suffering from infectious disease were discovered in schools during the year. Such cases, of course, are at once excluded and reported to the Medical Officer of Health of the County or Burgh according to the siting of the school. The diseases consisted mainly of Mumps and Chickenpox.

Other Diseases and Defects.—Under this heading are grouped all those diseases and defects found in schools which have not already been mentioned in the preceding paragraphs. They totalled 859 or a percentage of 3·24, of whom 352 were boys and 507 were girls. Special cases with similar diseases totalled 229. The more important of these conditions are recorded below:—

Anaemia 308; enuresis 119; rheumatism 85; obesity 101; debility 61; goitre 15; hernia 24; gastro-enteritis 17; fractures and sprains 19; coeliac disease 8; cysts 6; chorea 6; laryngitis, tonsillitis and tracheitis 14; thread worms 13; appendicitis 6; osteomyelitis 2; hydrocele and varicocele 3; tumours 15; nephritis 7; diabetes 1; ganglion 3; and isolated cases of habit spasm, acidosis, hypothyroidism, albinism, Reynaud's disease, vulvovaginitis, migraine, cystitis, leukaemia, haemophilia and pseudo hypertrophic dystrophy.

Examinations Conducted by the School Medical Staff other than Routine School Examinations.

In a school population of 90,000, such as ours, numerous cases of a special nature require medical examination. These come to us at the request of the Director of Education, Attendance Department. Headmasters and Headmistresses, Superintendent of Remand Home, Children's Officer, etc., etc. They take up a very considerable amount of time and travelling and are not easily classified for Annual Report purposes.

We append a short statement of some of the types of examination under this mixed heading:—

(a) Examination of absentees from schools and irregular attenders. These are done at the request of the Attendance Department. They totalled 1,106. Many of these cases are examined at school clinics by arrangement, but frequently home visits have to be made, very often in outlying parts of the County.

- (b) Examination of physically and mentally invalid children in attendance at the four special schools. These examinations are carried out at regular intervals. They numbered 759.
- (c) Examinations of invalid children for admission to day special schools. The numbers were—Physically Invalid 87; Mentally Invalid 121.
- (d) Children employed under the Employment of Children Act. They numbered 456. The chief employments engaged in are delivery of papers 194; messages 125; milk and rolls 137.
- (e) Children examined under the Children and Young Persons Act. These examinations are usually made at the Remand Home, Cambuslang. All children admitted to the Remand Home are examined within 24 hours. Examination of Juvenile Delinquents numbered 152 and Borstal cases 4.
- (f) Guardianship cases includes children taken into protective custody and boarded-out children. Examinations totalled 12. Wooddean House, Bothwell, and Flemington House, Uddingston, which house children taken into care and protection by the Education Committee, are regularly visited by one of the School Medical Officers.
- (g) Students in preliminary training as teachers totalled 4.
- (h) Examinations for admission to the holiday camps and Residential Schools—2,716.
- (i) Examination of deaf-mute children—3.
- (j) Examination of blind children—2.
- (k) Examination of necessitous children for the supply of clothing, food, cod liver oil and extract of malt. The number granted boots was 680; clothing 459; and tonic food 5.
- (l) Special examination of children at the Minor Ailments Clinics—2,440.
- (m) Immunisation of school children—6,734.

The children in the nursery schools were immunised against Diphtheria and Whooping Cough.

(n) Examination of mentally defective children suspected of being ineducable. These totalled 59, of whom 34 were found to be definitely ineducable and were reported to the General Board of Control.

In addition, the following examinations were carried out:— Janitors 16; school cleaners 26; certifications for Certified Institutions 9; leavers at Certified Institutions 9; epileptics for admission to the Colony of Mercy, Bridge of Weir 5; teachers 8.

6 MEDICAL TREATMENT.

A. MINOR AILMENTS TREATMENT.

The treatment of minor ailments is a statutory duty, and the logical follow-up of the early detection of defect. Many of these ailments are of a simple nature, others are more serious—all are a potential danger to child health and a source of interrupted education and are treated with a view to cure at the earliest moment.

Our clinics, numbering twelve main and eleven subsidiary units through the County, were freely attended during the year. A mobile clinic served some of the isolated rural schools. Those reporting for treatment were mainly eye, skin, ear, nose and throat affections.

The total number of children treated at the main clinics was 11,738 and the number of attendances was 59,614. At the subsidiary clinics the number treated was 4,545 and involved 24,310 attendances.

The total for all clinics was 16,283 with 83,924 attendances.

The following are the totals of children treated in the main clinics and the number of attendances made in the four main categories of conditions:—

- (1) Eye conditions treated 1,779 and attendances made 11,374.
- (2) Skin conditions treated 8,509 and attendances made 37,419.
- (3) Ear diseases treated 1,034 and attendances made 8,354.
- (4) Nasal conditions treated 236 and attendances made 2,000.

As usual, skin conditions were in the majority.

Cleansing of children suffering from verminous conditions is carried out at all the clinics. During the past year 1,484 children were cleansed, of these 147 were boys and 1,337 were girls. Supervision, after disinfestation, is maintained by the nursing staff.

In the special schools a nurse is in daily attendance to treat minor ailments. The total number of treatments given was 38,927.

At the Minor Ailments Clinics other examinations than those mentioned above are carried out. These examinations totalled 2,907 during the past year.

A tabular statement of the clinics, children treated and attendances made is given on opposite page:—

ESTABLISHED CLINICS.

						Children	Attendances
Clinic	c.		Medical	Officer	<i>'</i> .	treated.	made.
Airdrie			Dr. Hood			1,422	7,196
Baillieston			Dr. Hood			594	3,228
Bellshill			Dr. Perry			913	4,589
Blantyre			Dr. Perry			1,178	5,592
*Cambuslan	g		Dr. Cunning	ham		1,833	7,697
Coatbridge			Dr. Pollock			1,806	9,157
Hamilton			Dr. Douglas			1,285	8,041
Larkhall			Dr. Douglas			624	3,212
Motherwell		***	Dr. Prentice			684	3,975
Rutherglen			Dr. Cunning	ham		776	3,357
†Shotts			Dr. Wilson			46	256
Wishaw			Dr. Bruce			577	3,314
			Tot	als		11,738	59,614

^{*} In addition, nurses of the school staff treated 11 children (attendances made 37) for scabies at the Health Institute, Cambuslang.

SUBSIDIARY CLINICS.

				Children	Attendances
Clin	ic.			treated.	made.
Uddingston		 	 	 105	332
Blackwood		 	 	 237	1,271
Lesmahagow		 	 	 481	2,629
Carluke		 	 	 613	3,935
Carnwath		 	 	 431	1,959
Lanark		 	 	 116	624
Forth		 	 	 267	1,859
Stonehouse		 	 	 342	1,774
Strathaven		 	 	 369	1,469
East Kilbride	2	 	 	 308	1,873
Benhar		 	 	 574	2,907
Mobile Clinic		 4 4 4	 	 105	332
Totals		 	 	 4,545	24,310

The Medical Officers of the County and Burghs afford ultra-violet ray treatment at their clinics free of cost. Their co-operation is appreciated.

B. DEFECTIVE VISION AND SQUINT.

School Medical Officers and nurses and Ophthalmic surgeons dealt with considerable numbers of visual cases during the year under review. Twenty-eight visual clinics were in constant service.

Selected during the school routine inspections by the Area School Medical Officer, the defective child is referred to the Eye Specialist

[†] Conducted by the staff of the County Public Health Department.

for refraction or for other examination and attention. The delay in time between the ordering and the issue of glasses has grown steadily less. A limited degree of priority for more serious cases exists. All complaints regarding eye cases are taken up and forwarded to the appropriate quarter, and the officials concerned have given us all the information available in each case, and always a reasonable explanation regarding delay. The total number of children examined by the Ophthalmic Surgeons during the past year was 1,959 and 4,202 re-inspections of children previously tested were made.

The number of spectacles prescribed was 1,692 and 245 children were otherwise treated.

For details of visual treatment, see Table VI of this Report. Other eye conditions noted:—

Squint (convergent) 414; squint (divergent) 14; squint (alternating) 42; corneal nebulae and opacities 43; corneal ulcers 3; blepharitis and conjunctivitis 10; phlyctenular conjunctivitis and keratitis 4; choroidoretinal changes (non-myopic) 5; nystagmus 12; optic atrophy 2; cataract 11; ptosis 2; aphakia 1; pseudo neuritis 2; albinism 1; dislocation of lens 1; eccentric fixation 11; papillary membrane defects 5; disc disorders 10; peripheral lens opacity 1; chalagion 2; macular lesion 2.

C. Nose and Throat Operative Treatment.

The waiting list for tonsils and adenoids operations was greatly diminished by arrangements made during the Spring of 1950 with the Medical Superintendent of Law Hospital for the opening of an operative clinic there.

This resulted in a steady reduction of numbers and, had it not been for a ban imposed on these operations in June because of the prevalence of poliomyelitis, we should have been much further forward.

The number of children operated on at the various centres is tabulated below:—

CLELAND HOSPITAL. (Dr. R. A. Grav).

Number operated on for tonsils and adenoids		706
Number treated for ear conditions		7
Number treated for nasal conditions		12
Number examined and advised no operation needs	ed	21
Number of attendances made by patients		1,909

CARNEGIE HEALTH INSTITUTE, MOTHERWE	LL	
(Dr. R. A. Gray).		
Number operated on for tonsils and adenoids	• • •	476
Number of attendances made by patients		1,326
Time occupied by Surgeon—hours		158
Time occupied by Anaesthetist—hours		158
LADY HOME HOSPITAL, DOUGLAS		
(Dr. R. A. Gray).		
Number operated on for tonsils and adenoids		57
Law Hospital, Carluke		
(Dr. Brown Kelly).		190
Number operated on for tonsils and adenoids		120
Lockhart Hospital, Lanark.		
Number operated on for tonsils and adenoids		Nil
V II D		
KELLO HOSPITAL, BIGGAR.		27.1
Number operated on for tonsils and adenoids	• • •	Nil

AUDIOMETRIC TESTING.

In March, 1950, just before his appointment as Audiometric Test Supervisor was about to be renewed for another year, Mr. John Summers took seriously ill and died in April, 1950. We were thus unexpectedly deprived of a very enthusiastic and able worker on the threshold of his new work.

His early results come from the testing of schools in the Hamilton and Motherwell areas. Pupils born in 1938 were selected as a suitable group for testing and, at the same time, Head and Class Teachers were asked to submit any special cases outwith this group who, in their opinion, should be tested. The percentage findings in these areas follow:—

Percentage of Pupils found with Defective Hearing in Grades.

		Grade I.	Grade IIA.	
Based on Better Ear	 	 5.0	•6	
Based on Worse Ear	 	 18.4	$2 \cdot 2$	

Paragraph 248 of the Scottish Education Department Report on Pupils with Defective Hearing states that the basis of estimating deafness should be the amount of hearing, not in the poorer ear but in the better ear, provided that educational classification is made with other relevant considerations in mind. This recommendation has been adopted in this area.

Suitable instructions were issued for each case in the above grades regarding treatment and education.

It is hoped that a new Test Supervisor will be appointed after further discussion.

D. ORTHOPAEDIC SCHEME.

Orthopaedic cases are ascertained during school visits by Assistant School Medical Officers. This type of defect responds to early care and has always been a valuable part of preventive work.

Cases reported to headquarters were referred to special clinics by the County Medical Officer and numerous reports were received and followed up. There were 430 New Cases and 3,237 Revisits.

7. DENTAL INSPECTION AND TREATMENT.

To the Chairman and Members of the Education Committee of the County of Lanark.

I beg to submit my Annual Report on the Dental Inspection and Treatment of School Children in the County of Lanark for the year ended 31st July, 1950.

As forecast in the Report of the previous year, the re-equipping of the dental clinics has been completed. They are now furnished to a degree compatible with modern standards.

The Mobile Dental Units have not been in constant use owing to shortage of staff, but have proved themselves an asset in that they have provided a modern surgery in areas not covered by permanently equipped dental clinics.

During the early part of the year four Dental Officers resigned their appointments and only one application was received in response to our advertisements. Miss M'Donald, L.D.S., the Officer concerned, commenced duty on 1st May, 1950. Numerous sessions were lost throughout the year due to illness.

The procedure, whereby certain Officers were employed on both School and Maternity and Child Welfare duties, was continued and, while this proved satisfactory to the service as a whole, it resulted in a certain loss of sessions to the School Service.

Owing to the shortage of staff and, in an attempt to cover the areas, we were obliged to cease offering treatment to children of eleven years of age and over. Such children were inspected and, if required, were referred to private practitioners for treatment under the National Health Service.

I give below a statement of the items of importance and Table V at the end of the School Medical Officer's Report shows the full details of the work carried out by the assistants:—

No. of children inspected			29,806
No. of children notified as being in need	of	dental	
treatment (9,871 boys; 9,860 girls)			19,731
Percentage of children requiring treatment			$66 \cdot 2$
No. of pupils accepting treatment			8,559
No. of pupils treated			6,342
No. of attendances for treatment			9,569

	1 emporary	rermaneni	
Treatment.	Teeth.	Teeth.	Total.
Extractions	6,381	908	7,289
Fillings (Amalgam)	563	4,818	$\begin{bmatrix} 5,381 \\ 1,001 \end{bmatrix}$ 6,382
Fillings (Cement)	743	258	$1,001 \int_{0.0352}^{0.0352}$
Other treatment (Scaling, etc.)	1,103	1,096	2,199
No. of sessions spent or	n Inspection	l	$297\frac{1}{2}$
No of sessions spent of	n Treatment	t	1.5431

The undernoted Table shows the work carried out by each Officer:—

Mr. Rankin Miss Watson Miss Hinshelwood Mr. Weatherston Miss M'Donald Mr. Hay	Number of children treated 1 234 1,415 548 526 680 1,887	Ext'tions (temporary teeth). 1,229 1,028 618 702 962 1,805 37	Ext'tions (permanent teeth). 180 159 64 132 111 262	Fillings, Amalgam or Cement. 556 1,868 469 1,378 560 1,506 45	Other Treatment, Scalings, etc. 88 237 96 196 87 1,407 88
Totals .	6,342	6,381	908	6,382	2,199

In addition to the work shown in the Tables, 45 pupils—new cases—were referred by the Assistant Dental Officers to the Maternity and Child Welfare Dental Clinic at Motherwell for General Anaesthetics, Orthodontic Treatment or the supply of partial dentures. A total of 284 attendances were made throughout the

year. 32 children were given General Anaesthesia for the extraction of 130 teeth and 7 had Local Anaesthesia for the extraction of 14 teeth. 8 Fillings and 1 gold inlay were inserted. 29 Orthodontic appliances were fitted and 5 partial dentures were supplied.

WILLIAM GIBSON,
Chief Dental Officer.

DENTAL DEPARTMENT, 13 CLYDESDALE STREET, HAMILTON.

8. SPECIAL SCHOOLS AND CLASSES.

The five special schools—Drumpark School, Bargeddie; Dalton School, Cambuslang; Auchinraith School, Bothwell; Knowetop School, Motherwell; and The Occupational Centre, Hamilton, gave good service throughout the year. Each of the four special schools provides for the education of physically handicapped and mentally retarded children. The children are brought to and taken home from school in motor buses, which uplift them at scheduled points near their homes. Those unable to walk are collected at their homes. Meals are provided at school. Additional nourishment, e.g., milk, virol, etc., is also provided. A school nurse attends daily for the treatment of minor ailments and the schools are visited at least once per month by one of our assistant medical officers. Detailed records are kept for each child.

These schools, which are of very great importance to School Health work as well as to the Education service, are too far from the outlying areas of the County to meet their needs and we hope that the claims of the rural areas will be considered by the Committee as soon as circumstances permit.

The Occupational Centre is fulfilling the statutory duty of providing low grade mentally defective children, who are considered trainable, with the occupational type of education suited to their abilities. As was stated in our last Report, additional centres are required in several other areas as soon as possible.

Special provision is also made for other groups of handicapped children:—

Deaf-mute and educationally deaf children are educated at Auchinraith Special School as day pupils. Children outwith the range of this school are educated as residential pupils at the Royal Deaf and Dumb Institution, Edinburgh, St. Vincent's School for the Deaf, Tollcross, or Langside Deaf and Dumb Institution, Glasgow. By mutual arrangement, St. Vincent's School for the Deaf at Tollcross is now administered by Glasgow Education Authority instead of, as formerly, partly by Glasgow and partly by Lanarkshire.

Blind and educationally blind children are educated at the Royal School for the Blind, Edinburgh, or, in the case of Roman Catholic children, at St. Vincent's School for the Blind, Tollcross, Glasgow.

Severely crippled children and those suffering from chronic disabilities, or who need convalescent treatment, are admitted to East Park Homes for Infirm Children at Glasgow and Largs.

Epileptic children, who are not mentally defective but capable of being educated, are accommodated at the Colony for Epileptics, Bridge of Weir, for Protestant Children. There is no similar Colony for the Education of Roman Catholic children. Less is being done for the epileptic than for any other class of handicapped child and much more provision for housing and training these unfortunate folk requires to be made.

There are special classes in each of the special schools for the education of children suffering from high degrees of Myopia. They are admitted on the advice of the School Ophthalmic Surgeons, who also exercise supervision of their defect by regular examinations. The total number of children so accommodated is 35.

Children who recover their health are transferred back to ordinary schools as soon as possible. They numbered 48 during the past year.

Mentally retarded children who, after trial for a sufficient period in the special school are not making any progress, are reported to the General Board of Control for Scotland.

Below will be found details of the numbers and conditions of children in special schools:—

PHYSICALLY INVALID CHILDREN.

At the four special schools	 406
At East Park Homes for Infirm Children	 13
At the Colony for Epileptics, Bridge of Weir	 4
At "Westerlea", School for Spastics, Edinburgh	 1

MENTALLY INVALID CHILDREN.

At the four special schools	• • •	5	25
At Birkwood Certified Institution, Lesmaha	gow		4
At. St. Charles' Certified Institution, Carstai	irs		6
At Lennox Castle Certified Institution	• • •	• • •	6
At the Camphill-Rudolf Steiner Schools, Abe	erdeens	hire	1
DEAF-MUTE AND EDUCATIONALLY DEAF	CHILDE	REN.	
At Auchinraith Special School, Bothwell			32
At the Royal Deaf and Dumb Institution, E			13
At St. Vincent's School for the Deaf, Tollcro		_	24
At Glasgow School for the Deaf			1
Blind or Educationally Blind Ch	HILDRE	N.	
At the Royal School for the Blind, Edinburg		* * *	6
At St. Vincent's School for the Blind, Toller	oss	• • •	-)
CHILDREN AT SPECIAL CLASSES OUTWITH THE E	DUCATI	ONAL ARE	EA.
At Challenger Lodge, Edinburgh			I
At Eastmuir Special School, Shettleston			2
At Edinburgh Sick Children's Hospital	(Spec		
Classes)		• • •	1
At Kennyhill Special School	• • •		2
At Kingston Special School	• • •	• • •	1
At Mearnskirk Hospital School (Special Class			1
At Renfrew Street Special School, Glasgow			2
At Sandyford School, Paisley		• • •	1
At St. Kevin's Special School		• • •	2
At Strathblane Home Hospital	***	• • •	5
At Wolseley Street Occupational Centre	***	• • •	I
At Children's Village, Humbie, near Edinbur			1
, , , , , , , , , , , , , , , , , , , ,			

The number of children who, in the four special schools, attained the age of 16 and left school was 87.

The number of children who got suitable employment was 57.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

A. The recent appointment of three Physical Training Organisers for the County has resulted in a considerable amount of increased interest in this important educational activity.

During the spring a post-graduate evening class for teachers was held in selected County Schools and conducted by the Physical Training Organisers. In consultation with the Director of Education, the staff of the School Health Department offered its services and several talks were given and films shown to underline the health education aspect of physical recreation. This experiment in teamwork should be repeated and further links forged between physical training, educational and medical staffs.

For other aspects of physical education and personal hygiene, Reports 1945-46, 48-49 should be read.

B. SWIMMING BATHS.

Swimming remains a popular feature of the school curriculum in the County. Swimming Baths in Hamilton, Airdrie, Motherwell, Coatbridge and Shotts are in constant use by arrangement. Scholars appear to take advantage of the opportunity and instruction in swimming is given by qualified instructors.

C. PLAYING FIELDS.

Most of the County Schools have playing fields. Those who have not, make use of public parks, etc.

D. HOLIDAY CAMPS.

The arrangements for these annual camps proceeded satisfactorily as in previous years. Examination of children by the Medical Staff took place immediately before proceeding to camp and the camp was visited weekly by a School Medical Officer throughout its duration. Those children who were judged to be ineligible for physical or hygiene reasons were replaced by others. Conditions at the camp were satisfactory and the contentment and health of the pupils were evident to all observers.

The camps were:—

Lanark (Lanark Grammar School)—Invalid children from Auchinraith and Dalton Special Schools for two weeks.

Lanark (St. Mary's R.C. School)—R.C. Boys' Camp.

Douglas (Douglas West Public School)—Girls Camp.

Strathaven (Strathaven Academy)—R.C. Girls' Camp.

Leadhills (Leadhills Public School)—Boys' Camp.

Biggar (Biggar H.G. School)—First fortnight Girls' Camp; Second fortnight Boys' Camp.

1,296 medical examinations for admission to the camps were carried out.

The total number of children attending the camps was 601.

E. INSTRUCTION IN PERSONAL HYGIENE.

Teachers, school nurses and school medical officers make use of the natural opportunities which arise for furthering ideas of personal hygiene and for instructing pupils in simple essentials.

As has been stated, during the Spring term of 1950, an opportunity occurred for the School Medical Service to take part with the Physical Training Organisers in a course of instruction on Physical Education to teachers in the County. Films were shown and talks were given. On the final evening the Senior School Medical Officer was accompanied by the Lecturer in Hygiene, Jordanhill Training College, and thus an attempt made to link up the undergraduate training of the teacher in hygiene with his post-graduate opportunities for health education.

10. OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

"MILK IN SCHOOLS" SCHEME.

The "Milk in Schools" Scheme, we are in no doubt, is a most valuable factor in maintaining good health in our school children. The lowered incidence of general morbidity among our schoolars could probably be traced to this, among other factors.

The milk is Grade A T.T. in class and is pasteurised. Bacteriologically, the milk is "safe" and nutritionally of high value.

The following tabular statement shows the monthly consumption of milk during the year.

Month.			1949-50.	1948-49.	1935-36.
September, 1949	 	 	73,296	73,588	46,122
October, 1949	 	 	74,164	71,529	44,294
November, 1949	 	 	70,464	71,196	43,214
December, 1949	 	 	68,288	70,021	40,010
January, 1950	 	 	69,215	68,467	37,729
February, 1950	 	 	70,604	71,986	38,385
March, 1950	 	 	71,214	71,722	38,621
April, 1950	 	 	72,921	71,714	38,847
May, 1950	 	 	73,340	72,767	38,910
June, 1950	 	 	71,751	72,029	39,200

680 children were granted boots and 459 children were granted clothing.

5 children were supplied with Tonic Food.

SCHOOL MEALS SERVICE.

In this comparatively new educational service further progress falls to be noted in the provision of new standard dining rooms. Erected under the Agency Service operated by the Ministry of Works new dining rooms were completed and occupied at 18 schools, thus raising the number of such erections within the County to 45. The restriction imposed by the Government on capital expenditure will mean the suspension meantime of further progress with the building programme, which contains over 60 projects for new dining rooms still to be undertaken. The result is that, in many schools, assembly halls and other accommodation will require to continue in use for the service of meals, accommodation which, in many cases, is not satisfactory not only by reason of its general unsuitability for the purpose but to the extent to which its use interferes with the normal organisation of the school. With regard to central kitchens, the four new kitchens at Netherton, Wishaw, were completed during the year and brought into production. The provision of these new kitchens enabled the closure of an out-of-date kitchen housed in an unsuitable building in Wishaw and a reduction in the meals requiring to be produced at a number of other older kitchens. It is disappointing to note that during the year a somewhat sharp decline occurred in the demand for meals at school. While during the preceding year over 9,000,000 meals were produced, the decline, which began in October, 1949, caused a drop by approximately 1,000,000 in the year's total output. The average number of children taking meals daily at school fell from 49 per cent. in October to 40 per cent. in the following June. The decline was the subject of close investigation by the Education

Committee and the conclusion arrived at was that the main contributory factor was the financial inability of many parents to purchase meals regularly for their children at school, particularly in the case of large families. This conclusion was come to despite the provision already existing for the provision of free meals in circumstances of necessity, and it is the intention of the Education Committee to consider whether the economic conditions obtaining in many homes are not such as require a revision of the income scale for free meals. It can be said that the decline which has occurred cannot be regarded in any way as a criticism on the standard of meals produced. The standard continues to be high and it is the constant endeavour of those responsible for the operation of the service to maintain the standard not only in the quality but in the variety of the meals.

CONSULTANT SERVICE.

Expert specialist advice is available to the School Medical Service in cases requiring special investigation and diagnosis. This service is arranged through the County Public Health Department. A Paediatrician and a Physician both participate in this service.

They provide us with very detailed and helpful reports, copies of which are sent to the Medical Officer concerned with the case and to the family doctor. Treatment is carried out through either avenue and, almost without exception, this method works amicably.

The number of children referred to Consultants during the past year was 36.

REHABILITATION SCHEME.

This Scheme now serves only a few cases. The Disabled Persons Act now covers practically all who were formerly served in this way.

The Scheme was devised as a method by which special school "leavers" were given the opportunity of vocational guidance to fit them for posts suited to their disabilities.

MINIATURE MASS RADIOGRAPHY.

Dr. Leslie Lang has again undertaken the Mass Radiography of school children of 12 years of age and over in Motherwell and Wishaw schools.

This survey was carried out between 26/10/49 and 7/6/50.

NUMBER SURVEYED AND PERCENTAGE RESPONSE IN SEX AND SCHOOL GROUPS.

Total available—4,819.

Total X-Rayed—4,001 (83.03%): Males—2,276; Females— 1.725.

Total passed on miniature films (no action)-3,897 (97.4%).

Total recalled for large films—104 (2.6%).

Total passed on large films—31 (0.77%).

Total examined clinically—26 (0.65%).

TUBERCULOUS LESIONS.

Significant Lesions-	_						
Requiring trea	tment				4	(0.1%)	
Requiring obse	ervatio	n	• • •		13	(0.32%)	
Lesions not sign:	ificant-	requ	iiring	no ao	ction		
(healed primar						(0.8%)	
Non-Tuberculous I	esions						
Cardiovascular					2	(0.05%)	(*1)
Respiratory					22	(0.55%)	(*9)
Others			• • •		nil.		
	*Prev	iously	knowi	n10.			

The response has been satisfactory and this service to children of 12 years and over is established as an excellent adjunct to the school medical examination. As formerly, the family doctor was informed, with the parent's consent, of all significant abnormalities. Cases requiring dispensary observation and treatment were again referred to the appropriate Medical Officer of Health.

INTENSIVE COURSES IN FIRST AID AND HOME NURSING.

The purpose of these courses was that pupils who had completed the Leaving Certificate and were more free from routine work during the latter part of the school term might further prepare for their future. The courses were interfered with this year owing to the earlier date of the Lanarkshire "Fair Holiday" and the consequent pressure of work on educational staffs. The result was that only certain schools were able to undertake the work.

These schools, with numbers of pupils and results of examinations, were as follows:—

Intensive Course in First Aid and Ambulance Work. (Session 1950).

School.	Number of pupils enrolled.	Pupils presented for examination	Pupils who gained Proficiency Certificates	Pupils who gained Medallions or Re-examination Vouchers.
Airdrie Academy	44	33	25	8

Intensive Course in Home Nursing. (Session 1950).

		Pupils	Pupils who	
	Number	presented	passed the	Pupils
	of pupils	for	elementary	who gained
School.	enrolled.	examination.	examination.	higher awards.
Wishaw High	25	23	22	_

CHILD GUIDANCE SERVICE.

The Principal Psychologist in his Report states:—

The number of psychologists on the staff of the service remains as last session—the Principal and two Assistants. There are now, however, two Speech Therapists, Mrs. Robertson having been appointed on a temporary basis as from January of this year. Full clinical service for the whole area is not, of course, possible yet with these numbers, but both on the psychological and speech sides, there has been a gratifying increase in the number of parent-interviews which, more especially in the case of the younger children, are of proved value in preventing the development of many types of social and personal maladjustment.

The staff of the School Medical Service, in the course of their routine medical inspections, have continued to bring to our notice children who suffer from behaviour, emotional and speech disorders. We are also indebted to this Department for the arrangements made to have certain cases specially medically examined for various reasons. Again, 116 children were examined in their own homes at the request and in the presence of Dr. Macleod, Senior Assistant Medical Officer of Health (Schools), while 95 subjects (mostly boys) were interviewed in the Remand Home in connection with the completion of Form "Part C".

A pleasing tendency is that slightly more children were referred for reasons other than natural intellectual backwardness. At the same time, the numbers in the lower I.Q. range are slightly fewer. In terms of child guidance work these facts mean that the need for clinical treatment facilities becomes important. One aim of the service is to have sub-clinic premises in the Burgh areas (excepting, of course, Hamilton where the main central clinic is situated) and at least two more assistant psychologists would be required to staff them. As was outlined in last year's annual report the service at present has to be in fair measure diagnostic and advisory in character, partly because of the distances involved in the County, but it is always hoped that this pattern will not continue indefinitely. The psychologists would prefer to be able to see certain types of child and parent more often than is possible meantime, and permanent sub-premises of one room or two rooms in the areas mentioned would probably be quite sufficient. For speech therapy purposes we are grateful in the meantime to the School Medical Service for the use of a room at certain weekly periods in each of four school clinics, and to the Coatbridge Health Institute for the use of the ophthalmic room for one day per week.

TABLE OF CLASSIFICATIONS (EXCEPT SPEECH).

Em

Ed

notional Disorders and Delinquency.		
General Instability	• • •	4
Anxiety and Obsessional States		33
Marked Sleep Disturbances		7
Enuresis and Soiling		51
Psychopathic Personality		14
Marked Adolescent Instability		10
Unmanageable Behaviour		21
Temper Tantrums and Aggression		54
Truancy and Wandering	• • •	75
Marked irregularity in attendance		73
Theft and Petty Pilfering		115
Marked Lying		27
Malicious Mischief		61
Sex Offences	• • •	12
lucational—		
Referred for General Educational Backwardness		475

185

Referred for Single-Subject difficulties

Miscellaneous-

Special Reports to Director	 		 38
Children on Probation	 	• • •	 45
Marked Physical Factors	 		 143
Marked Home Factors	 		 195
School-Parent Friction	 		 15
Faulty Home-Training	 		 59
Left-handed Children	 		 44
Vocational Guidance	 		 34

Notes.

- (1) The figures in the foregoing table refer to frequency of occurrence. Thus, the same child may be included in more than one classification.
- (2) "Home Factors" include poor home conditions, overcrowding, divorce and separation, parental disharmony, weak or divided discipline.

NURSERY SCHOOLS.

Regular visits were paid to nursery schools by one of our senior lady medical officers. Routine examinations took place, records of illness were kept and revisits paid when necessary. Immunisation against diphtheria and whooping cough was carried out, after agreement with the parents.

All the School Health Service facilities—visual, dental, aural—are available to nursery schools and a school nurse attends to minor ailments. In this way a complete service is maintained, with satisfactory results.

TABLE I. (1949-50).

Total number of children examined at

A. System	ATIC EXAMINAT	rions :-	_			Sys	Other stematic minations
0 1:	Entrants	•••	• • •	• • •	8,139	1,	117
Ordinary	Second Age G	roup	• • •	• • •	8,307		137
Scitoois	Second Age G Third Age Gr	oup	•••	• • •	7,941		354
		• • •	•••	•••	576		22
		То	otal	•••	24,963	1,0	690 —
B. OTHER	Examinations	*					
Special	(Non-routine)	Cases	•••		•••	• • •	4,396
Re-insp	pections by Med	dical O	fficers	• • •	•••	• • •	6,203
		Т	otal	• • •	•••	• • •	10,599

Number of individual children inspected at systematic (routine) examinations who were notified to parents as requiring treatment (exclusive of uncleanliness and dental caries):—

Ordinary Schools	Entrants Second Age Group Third Age Group	• • •	• • •	• • •	• • •	1,576 1,794 1,584
Secondary Schools	Age Group	•••	• • •		•••	50
-	ematic Examinations	•••		• • •	• • •	334
	T	otal	•••	•••	• • •	5,338



TABLE I	I						Ш													S	SYST	EMA	ATIC	E	XAN	IINA	TIOI	NS	(194	9-50)																							
		ory.	tory.		Uncli	ANLINESS.	8					SKIN.				MALNU- TRITION.				Naso	-Pharyn	ς.					Eyes	s.						EARS.			Speed	н	MENTAL	AND NEE	RVOUS CO	NDITION.		He	ART.		Lungs.		D	EFORMITIES.			fects.
	-	tisfact	atisfac	H	EAD		Body,		1	IRAD.			Ворт	r.		TRITION.			Nose.		THROA	т.	GLANDS.		Ехт	ERNAL DI	SEASES.		*Y	ISUAL CUITY.		Diseases		DEFECTIV	E HEARII	NG.				Je).	able).	stable.	fficult.			shitis.	d.	8		Acquire	D.	tease.	s or De
	No. Examine	Clothing Unse	Foolgear Un	Nits.	Dirty.	Nite.	Lice.	Dirty.	Ringworm.	Impetigo.	Other Diseases.	Ringworm.	Impetigo.	Scabies	Other Diseases.	Slight.	Oral Sepsis.	For observation.	For Treatment (Adenoids).	Other Conditions.	For observation (Tonsils).	Treatment (Tonsils).	Por Observation.	Treatment.	Conjunc- tivitis.	Corneal Opacities.	Squint.	Other Diseases.	FAIR. Not worse than 1/2 in better eye with or with- out Glasses.	BAD. A or worse in better eye with orwithoutGlasses.	For Refraction.	Otorrhoea.	Diseases.	Grade IIA.	Grade IIB.	Grade III.	Defect. Artic.	Stammering.	Dull.	M.D (Educat	M.D. (Ineduc	Nervous or Un	Behaviour Di	Congenital.	Functional,	Chronic Brone	T.B. Suspecte	Other Disease	Congenital.	Rickets.	Other Causes	Infectious Dis	Other Disease
Boys Percentage Girls Percentage	4,188 3,951	161 3·84 150 3·80	15 0·36 12 0·30	130 3 · 10 528 3 · 36 0	16 38 30 30 6 76 0-26	- 0·05	-	41 0·98 25 0·63	0.05	22 0·52 18 0·46	41 0·98 26 0·66	_ 0.03	19 0·45 14 0·35	7 0·17 9 0·23	169 4·04 123 3·11	62 1 · 48 98 2 · 48 0 ·	4 78 10 1·86 5 97 13 2·46	209 144 3 · 64	81 1·93 61 1·54	127 3·03 122 3·09	702 16·76 7 652 16·50 8	330 7 · 88 320 3 · 10	425 0·15 0· 389 0·85 0·	7 17 10 25	69 28 65 0.6' 68 10 72 0.40	8 3 7 0·07 6 5 0 0·13	143 3·41 132 3·34	16 0·38 25 0·63	=		_ o	20 7 · 48 1 · 7 19 6 · 48 1 · 6	73 3° 74 0.83 35 3° 35 0.9	7 9 8 0·21 7 6 4 0·15		2 0·05 1 0·03	79 1·87 0 43 1·09 0	7 -17 0·1- 1 -03 0·0	12 4 0·28 2 4 5 0·10	6 0·14 2 0·05	_ 0.05	19 0·45 0 23 0·58 0	9 · 21 · 10 0	8 19 10 25 0 0 :	10 82 24 1·96 10 55 25 1·39	10 0·24 7 0·18	8 0·19 3 0·08	241 5·75 184 4·66	52 1·24 9 0·23 0·1	4 54 09 1·29 4 53 10 1·34	25 0.60 18 0.45	8 1: 1-19 2-9 5 18 -13 4-0	22 91 58 -00
Boys Percentage Girls Percentage	4,257 4,050	214 5·03 194 4·79	34 0·80 18 0·44	135 3 · 17 0 874 1 · 51 0	9 ·21 ·34 ·80 ·80 ·80			112 2-63 50 1-23	=	19 0·45 11 0·27	34 0·80 27 0·67	1	17 0·40 8 0·20	8	$\begin{array}{c} 170 \\ 4 \cdot 00 \\ 130 \\ 3 \cdot 21 \end{array}$	80 1 · 88 86 2 · 12 0 ·	$\begin{array}{c cccc} 2 & 51 \\ 05 & 1 \cdot 20 \\ 4 & 38 \\ 0 & 0 \cdot 94 \end{array}$	142 3·34 105 2·59	50 1 · 17 38 0 · 94	115 2·70 75 1·85	559 13 · 13 5 582 14 · 37 6	250 5·87 278 3·86 8	396 0·30 349 3·62 0·	4 09 2 05 2 2	93 24 18 0·56 96 23 37 0·5	$\begin{array}{c cccc} 4 & 1 \\ 6 & 0.02 \\ 3 & 1 \\ 7 & 0.03 \end{array}$	142 3·34 169 4·17	$ \begin{array}{c c} 21 \\ 0.49 \\ 22 \\ 0.54 \end{array} $	356 8·36 397 9·80	74 3 1 · 73 7 · 3 74 3 1 · 83 7 ·	332 · 80 323 · 98 0	38 5 ·89 1·2 35 5 ·86 1·2	53 25 1 · 29 51 26 0 · 6	5 27 9 0.63 7 22 7 0.54	- 2 0·05	$\begin{bmatrix} 0 \cdot 02 \\ 1 \\ 0 \cdot 03 \end{bmatrix}$	45 1·06 19 0·47	16 3 38 0·7: 3 1: 07 0·4'	37 3 0·87 9 13 7 0·32	$0.35 \\ 0.35 \\ 11 \\ 0.27$	=	$ \begin{array}{c c} 2 \\ 0.05 \\ 9 \\ 0.22 \end{array} $	1 0	6 14 5 12 0.6	17 40 0 · 92 27 53 67 1 · 31	8 0·19 6 0·15	0.05 2 0.05 2 0.05	123 2·89 57 1·41	15 0·35 9 0·22 0·1	1 31 02 0·73 4 13 10 0·32	$\begin{bmatrix} 32 \\ 0.75 \\ 29 \\ 0.72 \end{bmatrix} 0$	$\begin{array}{c c} 3 \\ 07 \\ 3 \\ 07 \\ 3 \\ \end{array}$	94 21 154 · 80
Boys Percentage Girls Percentage	4,010 3,931	113 2 · 82 130 3 · 31		43 1·07 815 20·73 0	18 - 18 - 46 0 · 0		- 1 0·03	79 1·97 55 1·40	_ 0·03	0·12 8 0·20	31 0·77 27 0·69	0·05 1 0·03	$ \begin{array}{c c} 5 \\ 0 \cdot 12 \\ 2 \\ 0 \cdot 05 \end{array} $	$ \begin{array}{c c} 7 \\ 0 \cdot 17 \\ 11 \\ 0 \cdot 28 \end{array} $	116 2·89 157 3·99	64 1·60 60 1·53	$\begin{array}{c c} 2 & 37 \\ 0.5 & 0.92 \\ 3 & 38 \\ 0.97 \end{array}$	108 2·69 54 1·37	33 0·82 28 0·71	56 1·40 38 0·97		164 4·09 246 3·26 5	245 5·11 0· 213 5·42 0·	$\begin{bmatrix} 6 \\ 15 \\ 2 \\ 05 \end{bmatrix} \begin{bmatrix} 2 \\ 1 \\ 2 \end{bmatrix}$	95 13 37 0·44 14 23 90 0·6	$\begin{bmatrix} 8 & 1 \\ 5 & 0.02 \\ 5 & 9 \\ 4 & 0.23 \end{bmatrix}$	62 1·55 66 1·68	$ \begin{array}{c} 32 \\ 0.80 \\ 29 \\ 0.74 \end{array} $	253 6·31 350 8·90	88 6 2·19 6 103 3 2·62 7	268 · 68 1 300 · 63 1	$ \begin{array}{c cccc} 41 & 4 \\ \cdot 02 & 1 \cdot 6 \\ 50 & 4 \\ \cdot 27 & 1 \cdot 6 \end{array} $	12 1' 05 0 · 43 10 35 02 0 · 89	$ \begin{array}{c cccc} 7 & 30 \\ 2 & 0.75 \\ 5 & 32 \\ 9 & 0.81 \end{array} $	I	_	$ \begin{array}{c c} 17 \\ 0.42 \\ 7 \\ 0.18 \end{array} $	11 2' 27 0 6' 2 1 05 0 2	$ \begin{array}{c cccc} & 21 \\ 0.52 \\ 10 \\ 0.25 \end{array} $	0·27 9 0·23	=	5 0·12 2 0·05	_ 0·	6 15 0 · 5 17 0 · 5	21 39 52 0·97 29 53 74 1·35	9 0·22 3 0·08	0·05 6 0·15	88 2·19 36 0·92	10 0·24 0·20 0·1	6 32 5 0·80 6 14 5 0·36	33 0·82 43 1·09 0	$\begin{array}{c c} - & 10 \\ 2 \cdot 1 \\ 1 \cdot 03 & 3 \cdot 9 \end{array}$	04 59 156 97
Boys Percentage Girls	332 244	- 2 0·82		- 9 3·69 0	1 — 	=		_ 2 0·82	=	_ _ _ _	6 1·81 7 2·87	=	=	=	22 6·63 12 4·92		3 0·90 1 0·41	0.30	1111	0.90	15 4·51 10 4·09	2 0·60 2 0·82 6		30 1.	$\begin{array}{cccc} 4 & - \\ 20 & - \\ 2 & 82 & 0.83 \end{array}$	$ \begin{array}{c c} & I \\ 0 \cdot 30 \\ - \\ 2 & - \\ \end{array} $	0.30 1 0.41	1	20 6·02 14 5·74	12 3·61 6· 10 1·09 6·	$\begin{array}{c c} 20 \\ \cdot 02 \\ 16 \\ \cdot 56 \end{array}$	$ \begin{array}{c cccc} 3 & & & \\ \cdot 90 & & 0 \cdot 3 \\ 1 & & & \\ \cdot 41 & & 0 \cdot 4 \end{array} $	1 30 1 0 · 30	$ \begin{array}{c cccc} 1 & & 4 \\ 0 & & 1 \cdot 20 \\ 2 & & 3 \\ 2 & & 1 \cdot 23 \end{array} $			=		=	=				0.8	$\begin{array}{c cccc} 1 & 2 \\ 30 & 0.60 \\ 2 & 3 \\ 82 & 1.23 \end{array}$		=	5 1·51 1 0·41		1 0 0 0·30 =	6 1·81 1 0·41	1.5	4 20 9 · 69
Boys Percentage Girls Percentage	12,787 12,176	488 3·82 476 3·91	62 0·48 33 0·27	308 2·41 2,226 18·28 0	25 2 ·20 0·1 83 1 ·68 0·0	2 — 7 — 2 0·02	-	232 1·81 132 1·08	0·02 1 0·008	46 0·36 37 0·30	112 0·88 87 0·71	$ \begin{array}{c c} & 2 \\ 0 \cdot 02 \\ 3 \\ 0 \cdot 02 \end{array} $	41 0·32 24 0·20	26 0·20 28 0·23	477 3·73 422 3·47	206 1·61 244 2·00 0·	8 169 06 1-32 12 174 10 1-43	460 3 · 60 303 2 · 49	164 1·28 127 1·04	301 2·35 235 1·93	1,737 13·58 1,687 13·86	746 1, 5 · 83 8 846 3 · 95 7	073 3·39 966 7·93 0·	$egin{array}{c ccccccccccccccccccccccccccccccccccc$	61 70 04 0·56 80 66 30 0·5	$ \begin{array}{c cccc} 0 & 6 \\ 5 & 0.05 \\ 6 & 15 \\ 4 & 0.12 \end{array} $	$348 \\ 2 \cdot 72 \\ 368 \\ 3 \cdot 02$	69 0·54 77 0·63	629 7·31 761 9·25	174 6 2·02 7· 187 6 2·27 7·	620 · 21 0 639 · 77 0	102 16 ·80 1·3 105 15 ·86 1·2	39 110 32 0·86 37 101 21 0·83	$ \begin{array}{c cccc} 0 & 70 \\ 6 & 0.55 \\ 1 & 63 \\ 3 & 0.52 \end{array} $	$\begin{bmatrix} 1 \\ 0.007 \\ 3 \\ 0.02 \end{bmatrix}$	$ \begin{array}{c c} 3 \\ 0 \cdot 02 \\ 2 \\ 0 \cdot 02 \end{array} $	$ \begin{array}{c cccc} 141 \\ 1 \cdot 10 & 0 \\ 69 \\ 0 \cdot 57 & 0 \end{array} $	34 64 •27 0 • 50 6 32 •05 0 • 26	70 0·55 27 0·22	$ \begin{array}{c c} 32 \\ 0.25 \\ 22 \\ 0.18 \end{array} $	0.02	26 0·20 35 0·29 0·	10 08 4 03 0	20 4 16 0·3 20 6 16 0·5	162 38 1·27 58 164 56 1·35	0·27 0·21 16 0·13	$ \begin{array}{c c} 12 \\ 0.09 \\ 11 \\ 0.09 \end{array} $	457 3·57 278 2·28	77 0-60 26 1 0-21 0-1	2 118 9 0·92 4 80 1 0·66	$ \begin{array}{c c} 96 \\ 0.75 \\ 91 \\ 0.75 \\ 0 \end{array} $	11 3: 9 4' 07 3:	24 53 177 92
Boys Percentage Girls Percentage	854 836	5-27	6 0·70 1 0·12	139	3 ·35 3 ·36 0·1	2 - 3 - 1 - 2 -	0·12 1 0·12	28 3·28 18 2·15	=	4 0·47 3 0·36	9 1·05 3 0·36	_ 2 0·24	3 0·35 3 0·36	_ 3 0·36	31 3·63 25 2·99	14 - 1·64 - 16 1·91 0·	$\begin{bmatrix} 23 \\ 2 \cdot 69 \\ 24 \\ 3 \cdot 11 \end{bmatrix}$	40 4.68 39 4.67	$\begin{array}{c} 6 \\ 0.70 \\ 8 \\ 0.96 \end{array}$	22 2·57 24 2·87	$ \begin{array}{c cccc} 102 \\ 11 \cdot 93 \\ 120 \\ 14 \cdot 35 \end{array} $	68 7·96 40 4·78	84 0.83 68 3.13	2 23 1· - 2·	10 17 0·47 19 11 27 1·43	$\begin{array}{c cccc} 4 & 2 \\ 7 & 0 \cdot 23 \\ 2 & 2 \\ 3 & 0 \cdot 24 \end{array}$	31 3·63 31 3·71	3 0·35 5 0·60	12 4·51 23 9·31	7 2·63 5 2·02 8·	26 ·77 22 ·91 0	$ \begin{array}{c cccc} 7 & 1 \\ \cdot 82 & 1 \cdot 4 \\ 8 & 0 \cdot 9 \end{array} $	2 0 0 0·70 8 5 96 0·60	$ \begin{array}{c cccc} 6 & 2 \\ 0 & 0 \cdot 23 \\ 5 & 4 \\ 0 & 0 \cdot 48 \end{array} $	=	=	16 1·87 7 0·84	1 0·35 0·24	0.23 0.36	5 0·59 6 0·72	= 6	$ \begin{array}{c cccc} & 1 & & & \\ & 0 \cdot 12 & & 0 \cdot \\ & 3 & & & 0 \cdot \\ & 0 \cdot 36 & & 0 \cdot \\ \end{array} $	3 35 1 12 0	3 35 1 12 0·7	4 12 17 1·40 6 7 72 0·81	0·47 2 0·24	$ \begin{array}{c} 3 \\ 0 \cdot 36 \\ 1 \\ 0 \cdot 12 \end{array} $	30 3·51 26 3·11	9 0·2 0·1	$\begin{array}{c cccc} 2 & 12 \\ 3 & 1 \cdot 40 \\ 1 & 6 \\ 2 & 0 \cdot 72 \end{array}$	$ \begin{array}{c c} 2 \\ 0.23 \\ 9 \\ 1.08 \\ 0 \end{array} $	$\begin{bmatrix} - & 3 & 2 \\ 3 & 1 & 3 & 3 \\ 1 & 12 & 3 & 3 \end{bmatrix}$	28 28 30 58
Boys Percentage Girls	13,641 13,012	533 3·91 525	68 0·50 34	335 2 · 46 2,365	28 -21 86 20 1	4 - 8 - 2 -	0.01	260 1·91 150		50 0·37 40	121 0·89 90	0·02 5	0·32 27	26 0·19 31	508 3 · 72 447	220 1·61 0·· 260	8 192 06 1·41 14 200	500 3 · 67 342	170 1·25 135	$323 \\ 2 \cdot 37 \\ 259$	1,839 13 · 48 1,807	814 5 · 97 886 1	,157 3 · 48 ,034	20 2 15 1· 14 2	71 7- 99 0-5- 99 7:	4 8 4 0·06 8 17	379 2·78 399	72 0·53 82	641 7·23 784	181 6 2·04 7· 192 6	646 29 0 661	109 18 109 18 109 19 109 19 109 18	31 116 33 0·83 55 106	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.01	0.02	157 1·15 0 76	35 67 26 0 · 49 6 34	72 0·53 30	37 0·27 28		27 0·20 0· 38	13 10 5	23 5 17 0·3 21 7	33 174 39 1·28 74 171	31 0·23 18	0·11 12 0·09	487 3·57 304	86 0 1 26 1 20 0 1	1 130 0 0.95 5 86 2 0.66	98 0·72 0· 100 0·77 0	$ \begin{array}{c cccc} 11 & 35 \\ 08 & 2 \cdot 5 \\ 10 & 50 \\ 08 & 3 \cdot 9 \end{array} $	52 58 07

Note. Grand total includes all children examined in Routine Age Groups and Other Systematic Examinations.

* Infant children not included,

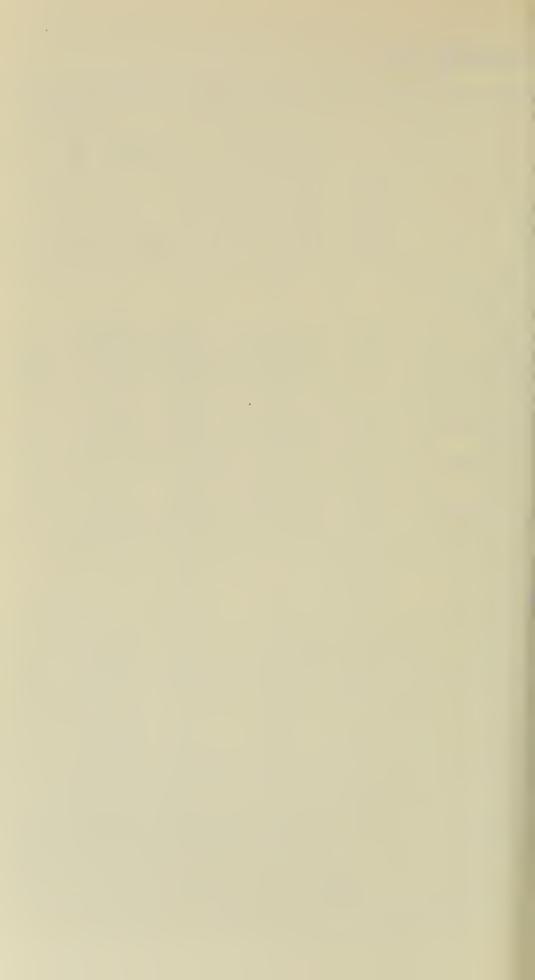


TABLE III. (1949-50)

SYSTEMATIC MEDICAL EXAMINATIONS.

	Entr	ANTS.	Second A	GE GROUP.	Third Ac	GE GROUP.		Y Schools Group.	ROUTINE E	XAMINATION FAL.		YSTEMATIC NATIONS.	GRAND	TOTAL.
Classification.	No. of Children.	Per- centage.	No. of Children.	Per- centage.	No. of Children.	Per- centage.	No. of Children.	Per- centage.	No. of Children.	Per- centage.	No. of Children.	per- centage.	No. of Children.	Per- centage.
I. Children free from defects,	3,308	40.64	3,244	39.05	3,621	45.59	352	61.11	10,525	42.16	723	42.78	11,248	42.20
II. Children (otherwise free from defects) who suffer from:— (a) Defective Vision not worse than 6/12 in the better eye, with or without glasses; or (b) Conditions of mouth or teeth requiring treatment, (c) Both (a) and (b),		1·08 —	813 ·38 4	$9 \cdot 79$ $0 \cdot 46$ $0 \cdot 05$	789 37 2	9.94 0.47 0.02	63 2 	10·94 0·35	1,665 165 6	6·67 0·66 0·02	67 28 —	3·96 1·66	1,732 193 6	6.50 0.72 0.02
Total,	88	1.08	855	10.30	828	10.43	65	11.29	1,836	7:35	95	5.62	1,931	7 · 24
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks,	3,442	42.29	3,024	36.40	2,409	30.34	118	20.49	8,993	36 ·03	618	36.57	9,611	36.06
IV. Children suffering from defects where (a) Complete cure may ultimately be expected, (b) Improvement only may be expected,	1,240	15·24 0·75	1,071 113	12·89 1·36	911 172	11·47 2·17	23 18	3.99 3.12	3,245 364	13·00 1·46	233 21	$13\cdot 79$ $1\cdot 24$	3,478 385	13·05 1·45
Total,	1,301	15.99	1,184	14.25	1,083	13.64	41	7 · 11	3,609	14.46	254	15.03	3,863	14.50
Total No. of children examined,	8,139	100%	8,307	100%	7,941	100%	576	100%	24,963	100%	1,690	100%	26,653	100%

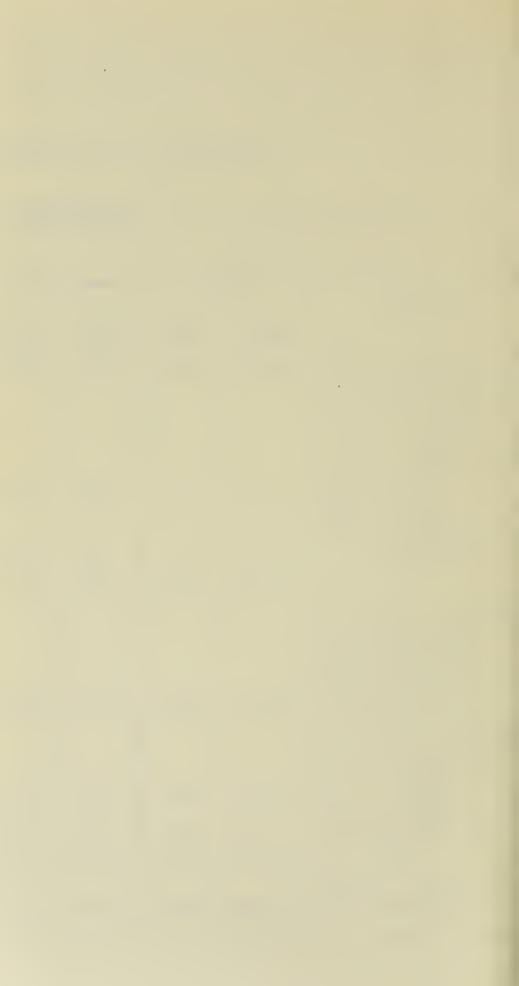


TABLE IV. (1949-50).

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

, Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
Blind,	_		_
Partially sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition, (b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see	3	28	31
well enough to be taught in an ordinary school,	4	10	14
Deaf— <td< td=""><td>262 179 7 5</td><td>2 1 33</td><td>262 181 8 38</td></td<>	262 179 7 5	2 1 33	262 181 8 38
Defective Speech— (a) Defects of articulation requiring special educational measures, (b) Stammering requiring special educational measures,	279 53	15 1	294 54
Mentally Defective (Children between 5 and 16 years)— (a) Educable (I.Q. approximately 50-70), (b) Ineducable (I.Q. generally less than 50),	93 2	421 40	514 42
Epilepsy— (a) Mild and occasional, (b) Severe (suitable for care in a residential school),	2 1 —	22 4	43 4
Physically Defective (Children between 5 and 16 years)— (a) Non-pulmonary tuberculosis (excluding cervical glands), (b) General orthopaedic conditions, (c) Organic heart disease, (d) Other causes of ill-health,	10 207 193 37	41 59 58 160	51 266 251 197
Other Multiple Defects,	-	288	200

Note: -All of the figures given in this Table are mutually exclusive.

TABLE V.

DENTAL INSPECTION AND TREATMENT (1949-50).

SCHOOL ANAGEMENT	5 year	urs.	6 ve	ars.	7 year	s. 1	8 years.	9	vears.	10.3	vears	11 ye	NUMBER			10											Nu	MBERS NOTIFE	ED.		Num		Number of				****			11				
AKEA.	lst	2nd	lst	l	lst	2nd		and lst	2nc	l lst	2nd	lst		12 year		13 year	ş.	14 years		15 years,		years.	J7 yea		13 years		al.		TOTA		entage of Pu piring Accep ment. Treatr		Attend-	EXTRAC	TIONS	\	FILI	INGS.			THER TMENT.	Number of General	Ses	ions.
			-							- 100			2110	1St	zno	lst	2nd	Ist :	2nd 1	st 2nd	lst	2nd	lst	2nd	1st 2	nd		ys. Girl		Treat	ment. Treatr	ent Treated	made for Treatment	Temp.	Perm.	Temp.	ugam,	Cen	nent.	J		Anaes- thetic	Treat-	Inches
a No. 1	533	_	550	_	567	_	533	- 57	2 -	563	-	582	_	508	_	523		492	_	165 —	. 57	_	10		9	5.6	07	100						- Comp.		Temp.	Perm	Temp.	Perm.	Temp.	Perm.	Cases.	ment.	tion.
	244		202		000																		10			- 5,6	07 1,	438 1,4	2,84	50	0.2 1,3	816	892	823	137	8	346	1	38	20	47	_	1341	641
,, 2	344	4977	296		295			— 30:	" -	0.30		301	-	364	-	376	-	370	-	97 _	- 16	-	12	- /	1 -	3,43	39 1,0	041 1,02	2,06	59	9-9 80	5 463	482	408	43	14	189	_	_	10	29		64	271
, ,, 3	584		468	_	505	-	622	- 59	* -	631	-	680	-	785	-	733	-	656	-	265 —	138	-	77	-	6 -	- 6,73	24 2,3	313 2,25	4,56	67	·8 1,84	0 1,375	2,165	1,031	159	327	1,448	6	49	91	120	_	250	. 372
, ,, 1	244	***	322	-	289	-	251	- 30	i –	252	-	292	-	269	-	230		240	-	108 -	44	-	32	-	1 -	_ 2,87	78 1,1	164 1,06	5 2,229	77	. 58	7 675	1,073	957	111	47	500	7	4	20	47		309	094
, ,, 5	278	_	248	-	259	-	249	_ 26	9 -	249	-	213	-	150	-	138	-	115	-	6 _	_	-	- /	-		- 2,17	74 8	803 88	2 1,688	78	. 69	0 410	585	344	19	101	270	53	23	337	77	_	187	25
, ,, 6	108		106	-	128	-	108	_ 10	-	112	-	121	-	228	-	276	-	328	_	60	15	-	7	-	2 -	- 1,70	01 7	716 73	7 1,453	85	.4 78	526	1,818	702	132		1,127	231	20	001		_	103	22
, ,, 7	534	_	494		460	-	481	- 43	3 —	407	-	433	-	343	-	332	-	344	-	14 _	_	-	_	-		4,27	78 1,4	02 1,43	3 2,835	66	. 1,35	1,217	1,558	1,411	173	47	530	233	77	900	190	30	304	13
, ,, 8	290	_	281	_	288	-	285	- 27	-	275	-	259	-	314		357	-	321		17 -	-	- 1	1	-		- 2,94	15 9	94 1,05	9 2,053	70	. 1,17	860	996	705	134	19	408	212		302	217	_	226	38
Total	2.915				2,792	_ 2	847	- 2.85	3 _	9.815		2,861		2.961		007	1	200							-	-	-		_	-	_	_				19	208	212	47	298	360	_	166	28
			",, 50		2,,,,,,,,	"		2,00		2,010	1	2,001		,901	_ 2	965	_ 2	,866		732	270	_	148		13 -	- 29,80	9,8	71 9,86	19,731	66	2 8,55	6,342	9,569	6,381	908	563	4,818	743	258	1,103	1,096	30	1,5431	2971

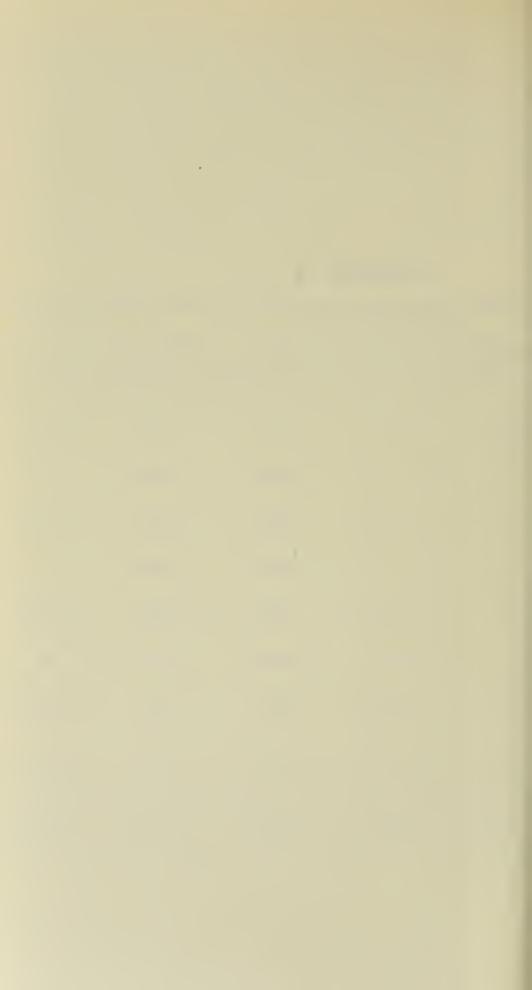


TABLE VI. (1949-50).

VISUAL TREATMENT.

Showing number of children who received full ophthalmic examination, number re-examined, and the number for whom spectacles were prescribed or who were otherwise treated.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
Dr. John A. Mortimer Abington	6 18 52 78 25 21 14 35 84 48 7 27 28 160 15	7 19 146 66 71 48 32 231 205 73 95 45 207 421 23	13 37 198 144 96 69 46 266 289 121 102 72 235 581 38	5 14 46 67 22 20 12 27 66 48 7 22 26 140 15	$ \begin{array}{c} 1 \\ 4 \\ 6 \\ 11 \end{array} $ $ \begin{array}{c} 3 \\ 1 \\ 2 \\ 8 \\ 18 \\ - \\ - \\ 5 \\ 2 \\ 20 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$	
Dr. Margaret H. E. Martyn Airdrie Baillieston Bellshill Cambuslang Rutherglen Dalton Special School Drumpark Special School Dr. James Hill Coatbridge Hamilton Motherwell	268 35 82 154 87 11 13 227 195 269	274 422 311 276 29 39 370 486 306	542 35 504 465 363 40 52 597 681 575	233 31 62 124 70 9 9	30 2 13 26 13 2 4 28 21 25	5 2 7 4 4 — —
Total	1,959	4,202	6,161	1,692	245	22



MINOR AILMENTS.

TABLE VII. (1949-50)

SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC. BAILLIESTON			BAILLIESTON CLINIC.			BELLSHILL CLINI		BELLSHILL CLINIC.		BLANTYRE CLINIC.		LINIC.	CAMBUSLANG CLINIC.		COATBRIDGE CLINIC.		HAMILTON CLINIC.		LAR	KHALL CLI	INIC.	MOTHERWELL CLINIC.		LINIC.	RUTHERGLEN CLINIC.			SHOTTS CLINIC.		NIC.	WISHAW CLINIC.			
	Boy s.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys	Girls.	Total Attendance	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance	Boys,	Girls.	Total Attendance.	Boys.	Girls, Att	Total tendance.	Boys.	Girls. At	Total tendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls, At	Total ttendance.	Boys.	Total Girls. Attendance.
DISEASES OF THE EVE— Blepharitis,	42 5 1 — — — 17 — 3	45 8 3 28 2	731 40 6 55 — 108 — 36	15 6 - - - 9	11 1 17 8	495 91 	35 20 — — — — 5 — 2	49 24 — — — — — — 15 —	695 393 — — — — — 52 — 7	43 12 — — — — — — — — — — — — — — 2	35 15 — 1 — 23 —	527 88 	38 18 1 - - - - - - - - - - - - - - - - -	70 25 — 1 2 — 2 — 22 — 5	809 154 1 8 19 — 111 — 12	80 12 — — — — — — — — — — 17	133 22 — — — 2 — 18 — 1	2,002 128 — — — — 12 — 89 — 24	47 30 1 1 2 ————————————————————————————————	36 13 1 - 2 - - 17 1 2	745 280 17 1 20 — 153 5 24	12 15 2 8 1	25 9 	211 138 — 2 35 — 55 — 10	69 16 — — — 20 — 2	41 13 1 — — 9 —	855 152 1 ———————————————————————————————	34 18 — 1 — 9 — 5	37 13 1 1 - 13 - 2	512 199 —————————————————————————————————	5 	2	102 102	43 18 - - - 8 - 1	43 289 18 343 — — — — — — — — — — — — — — — — — — —
Total,	59	85	987	31	81	775	64	89	1,157	68	74	745	85	127	914	110	175	2,255	104	72	1,245	35	53	451	107	84	1,202	87	65	803			102		12 131
DISEASES OF THE SKIN— Impetigo Contagiosa, Ezzema,	5 	36 1 -13 6 245 22 215 1 50	305 12 8 55 24 1,418 175 2,014 15 423	36 4 	2 22	204 81 	54 1 10 	33 1 14 4 48 10 135 2 57	382 20 -58 4 80 147 1,507 27 605	57 2 1 23 1 8 3 392 1 87	23 3 -20 6 58 4 191 -89	343 50 8 145 38 483 47 2,069 2 992	53 4 3 4 4 4 4 503 1 189	23 10 	296 171 85 23 24 254 6 3,058 44 1,582	80 2 4 18 	27 3 14 5 367 28 198 1 45 689	301 44 16 147 15 2,270 365 1,839 11 524	100 14 1 16 8 31 12 280 4 53	34 7 1 20 9 147 2 135 52	720 184 29 127 115 1,018 95 1,832 15 723	39 3 	31 5 1 9 4 80 3 99 	285 37 1 132 29 378 58 903 2 452 2,277	45 7 4 4 4 —————————————————————————————	27 3 1 1 1 	264 104 71 18 	58	12 — 1 3 42 8 125 3 83 275	134 37 3 6 11 81 57 1,117 25 709	3 9 2 3	3 	14 47 16 48	40 4 1 7 	24 222 5 58 2 53 13 83
DISEASES OF THE EAR— Chronic Suppurative Inflammation, Ceruminous Collection,	35 32 2 3	30 25 - 11	1,230 153 22 64	10 2 5	25 4 - 7	272 39 — 46 — 357	29 3 - 2	18 6 - 2	467 52 — 13	22 6 2 5	23 5 - 2	414 41 7 15	47 12 3 12	27 15 4 2	555 69 11 30	49 15 2 11	35 25 5 15	789 99 33 128	70 32 3 8	36 13 1 7	1,414 230 20 72 1,738	15 8 - 5	14 5 -3 23	241 47 	45 22 1 5	19 14 — 13	775 155 5 45	9 3 1 9	10 2 1 5	187 18 5 33	1 - -	1 - -	15 — — — — —	21 8 4 31	$ \begin{array}{cccc} 12 & 377 \\ $
Diseases of the Nose— Nasal Catarth Nasal Obstruction,	4 -	15	112	4	5	35 5	1 1	3	51 8	14	2	169 34	31 4	23 1	425 56	17	11 4	150 12	13	5	191	9 3	6	120 26	12 1	9 1	205 18	4	2	83	2	1	13	13	7 299 - 2 7 301
Total,	. 4	15	112	5	5	41	2	3	59	15	3	203	35	24	481	18	15	162	14	5	198	12	7	145	13	10	223	4	2	53	2 _	1	13	14	301
Ringworm of Head, Ringworm of Body,	8 5	13	72 84	4	=		1	=	1	2	1	10	2	1 1 2	1 13	9 5	1 8	55 102 158	2	1	8		=	_	=	=	_	10	4	34 36 70	=	=	=	1	1 25 1 25
Total,	. 13	13	155	1	_	25	1		1			10			14	17		200																	

^{*} School Nursing Staff also treated 3 Boys and 8 Girls, who made 37 attendances, at The Health Institute, Cambuslang.

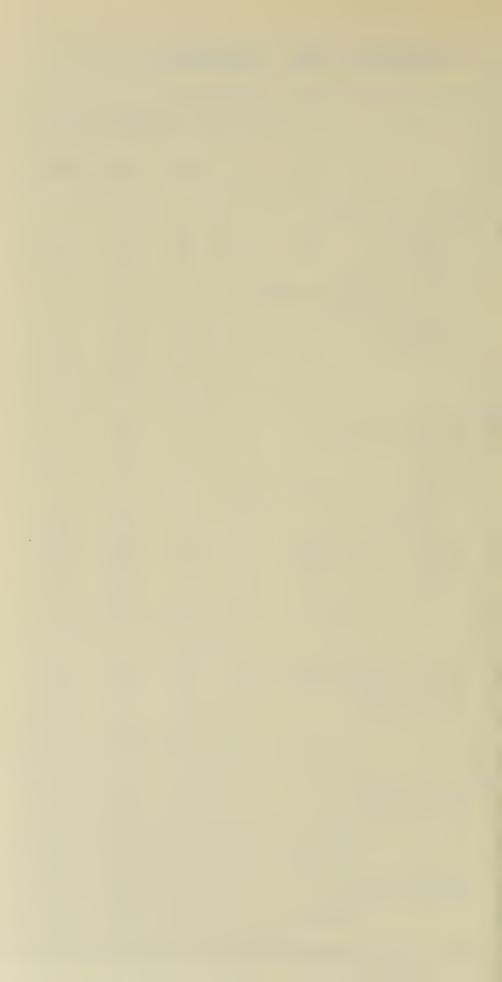


TABLE VIIa. (Supplementary), 1949-50.

MINOR AILMENTS (Treatment at Emergency Clinics).

		EY	E DISE	ASES.	SF	IN DISE	ASES.	EA	R DISE	ASES.	DISEASES OF NOSE.				
CLINIC.		Boys.	Girls.	Attend- ances.	Boys	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.		
Blackwood		6	6	38	117	102	1,199	2	4	34					
Lesmahagow		21	22 .	118	198	212	2,433	9	16	66	1	2	12		
Carluke	•••	10	15	92	347	211	3,694	18	12	149	_				
Carnwath		11	2	138	220	189	1,750	4	3	68	1	1	3		
Lanark		3	5	52	22	74	501	4	6	62	_	2	9		
Forth		8	10	266	98	137	1,440	3	5	70	1	5	83		
Stonehouse		17	24	152	129	130	1,469	13	21	110	4	4	43		
Strathaven		10	24	173	165	154	1,206	5	7	81		4	9		
East Kilbride		2	11	127	170	115	1,676	6	3	39	1	_	31		
Benhar	•••	32	43	629	229	247	2,037	12	11	241			_		
Mobile Clinic	•••	16	24	380	322	304	2,999	10	17	286	4	5	13		
Uddingston		6	9	61	32	41	221	13	2	47	1	1	3		
TOTALS	•••	142	195	2,226	2,049	1,916	20,625	99	107	1,253	13	24	206		

Total number of children treated 4,545

Total number of attendances made 24,310

